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# 2003

#### STATE OF ILLINOIS DEPARTMENT OF PUBLIC AID FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES (FISCAL YEAR 2003)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I.	IDPH Facility ID Number: 0022996  Facility Name: Iona Glos SLC			II. CERTI	FICATION BY AUTHORIZED FACILITY OFFICER					
	Address: 50 S. Fairbanks Number County: DuPage	Addison City  ax # ( 630 ) 628-1488	60101 Zip Code	I have examined the contents of the accompanying report to the State of Illinois, for the period from July 1, 2002 to June 30, 2003 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.  Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.						
	Date of Initial License for Current Owners:  Type of Ownership:  X VOLUNTARY,NON-PROFIT X Charitable Corp.	PROPRIETARY Individual	GOVERNMENTAL State	Officer or Administrator of Provider	(Signed)					
	IRS Exemption Code E9987-5470-04	Partnership Corporation "Sub-S" Corp. Limited Liability Co. Trust Other	County Other	Paid Preparer	(Signed) (Date)  (Print Name and Title)  (Firm Name & Address)  (Telephone) ( ) Fax # ( )					
	In the event there are further questions about this re Name: Kathleen Francis To	eport, please contact: elephone Number: (630)62		MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630						

Page 2

ac	ility Name & ID Numb	er Iona Glos SL	C				# 0022996 Report Period Beginning: July 1, 2002 Ending: June 30, 2003
	III. STATISTICA	L DATA					D. How many bed-hold days during this year were paid by Public Aid?
	A. Licensure/o	certification level(s) of	care; enter numbe	r of beds/bed days,			808 (Do not include bed-hold days in Section B.)
		with license). Date of		• .	100		<u> </u>
	( )	,	o .	_		_	E. List all services provided by your facility for non-patients.
	1	2		3	4		(E.g., day care, "meals on wheels", outpatient therapy)
							none
	Beds at				Licensed		
	Beginning of	Licensu	re	Beds at End of	<b>Bed Days During</b>		F. Does the facility maintain a daily midnight census? yes
	Report Period	Level of C	Care	Report Period	Report Period		
	· <u>F</u> · · · · · · ·			F	1		G. Do pages 3 & 4 include expenses for services or
1		Skilled (SNF	7)			1	investments not directly related to patient care?
2		<u> </u>	atric (SNF/PED)			2	YES NO X
3		Intermediat	e (ICF)			3	
4		Intermediat	e/DD	100	36,500	4	H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
5		Sheltered Ca	are (SC)			5	YES NO X
6		ICF/DD 16 o	or Less			6	
							I. On what date did you start providing long term care at this location?
7		TOTALS		100	36,500	7	Date started November 18,1980
							7 T
	B. Census-For	the entire report per	iod.				J. Was the facility purchased or leased after January 1, 1978?  YES Date NO X
	1	2	3	4	5		
	Level of Care	<b>Patient Days</b>	by Level of Care an	d Primary Source of	Payment		K. Was the facility certified for Medicare during the reporting year?
		Public Aid					YES NO X If YES, enter number
		Recipient	Private Pay	Other	Total		of beds certified and days of care provided
	SNF					8	
9	_					9	Medicare Intermediary
	ICF					10	
	ICF/DD	35,692			35,692	11	IV. ACCOUNTING BASIS
	SC					12	MODIFIED
13	DD 16 OR LESS					13	ACCRUAL X CASH* CASH*
14	TOTALS	35,692			35,692	14	Is your fiscal year identical to your tax year? YES X NO
	C Percent Oc	cupancy. (Column 5, 1	ine 14 divided by to	ntal licensed			Tax Year: June 30 Fiscal Year: June 30
		n line 7, column 4.)	97.79%	mai necliscu			* All facilities other than governmental must report on the accrual basis.
	<b>3</b>	,		_			o i

STATE OF ILLINOIS Page 3 June 30, 2003 **Facility Name & ID Number Iona Glos SLC** 0022996 **Report Period Beginning:** July 1, 2002 Ending: V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar) Costs Per General Ledger Adjust-FOR OHF USE ONLY Reclass-Reclassified Adjusted **Operating Expenses** Salary/Wage Supplies Other **Total** ification **Total Total** ments A. General Services 10 3 5 6 8 147,588 13,610 161,198 161,198 161,198 Dietary Food Purchase 238,236 238,236 238,236 238,236 2 Housekeeping 265,845 265,845 (59,722)206,123 205,086 60,759 3 Laundry 4 132,757 132,757 Heat and Other Utilities 132,757 (117)132,640 5 5 94,109 94,144 94,144 Maintenance 43,675 50,469 (35)6 22,179 Other (specify):\* waste removal 22,179 22,179 22,179 914,359 **TOTAL General Services** 191,263 493,791 229,305 914,359 (59,874)854,485 8 B. Health Care and Programs Medical Director Nursing and Medical Records 582,553 73,238 138,695 794,486 794,486 794,486 10 1,672,523 1,672,523 1,672,523 **10a** Therapy 1,631,937 40,586 10a Activities 49,596 49,596 33,743 15,853 11 49,596 11 55,972 55,972 55,972 55,972 Social Services 12 Nurse Aide Training 18,558 19,333 19,333 775 19,333 13 Program Transportation 104,545 105,916 105,916 83,730 20,815 1,371 14 Other (specify):\* lic/cert & sch XVIII 32,818 32,818 32,818 15 1,238 31,580 16 TOTAL Health Care and Programs 2,729,273 2,730,644 2,730,644 2,406,493 91,104 231,676 1,371 16 C. General Administration 389,329 389,329 Administrative 389,329 (26,221)363,108 17 Directors Fees 18 Professional Services 34,352 34,281 (1,752)32,529 19 34,352 **(71)** Dues, Fees, Subscriptions & Promotions 12,504 12,504 12,575 (688)11,887 71 Clerical & General Office Expenses 353,291 420,607 (9,907)410,700 21 67,316 420,607 Employee Benefits & Payroll Taxes 591,035 591,035 586,690 591,035 (4,345)Inservice Training & Education 3,675 3,675 23 3,675 3,675 Travel and Seminar 24 Other Admin. Staff Transportation 1,574 25 1,574 1,574 (168)1,406 Insurance-Prop.Liab.Malpractice 60,781 60,781 60,781 (175)60,606 26 Other (specify):\* see worksheet 3 23,880 23,880 23,880 (13,051)10,829 27 **TOTAL General Administration** 28 67,316 727,801 1,537,737 1,537,737 (56,307)1,481,430 742,620 **TOTAL Operating Expense** 652,211 1,188,782 5,182,740 3,340,376 5,181,369 1.371 (116.181)5,066,559 29 (sum of lines 8, 16 & 28)

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

STATE OF ILLINOIS #0022996 Report Period Beginning: July 1, 2002 Ending: Page 4
June 30, 2003

# V. COST CENTER EXPENSES (continued)

**Facility Name & ID Number** 

			Cost Per General Ledger			Reclass-	Reclassified	Adjust-	Adjusted	FOR OHF	USE ONLY	
	Capital Expense	Salary/Wage	Supplies	Other	Total	ification	Total	ments	Total			
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			75,405	75,405		75,405	123,959	199,364			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			31,131	31,131		31,131	(1,006)	30,125			32
33	Real Estate Taxes			1,085	1,085		1,085		1,085			33
34	Rent-Facility & Grounds			73,094	73,094	(690)	72,404	(5,873)	66,531			34
35	Rent-Equipment & Vehicles			40,810	40,810	(681)	40,129	(6,739)	33,390			35
36	Other (specify):*											36
37	TOTAL Ownership			221,525	221,525	(1,371)	220,154	110,341	330,495			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops			9,935	9,935		9,935		9,935			41
42	Provider Participation Fee			320,319	320,319		320,319		320,319			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			330,254	330,254		330,254		330,254			44
	GRAND TOTAL COST											
45	(sum of lines 29, 37 & 44)	3,340,376	652,211	1,740,561	5,733,148		5,733,148	(5,840)	5,727,308			45

<sup>\*</sup>Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Page 5 Facility Name & ID Number Iona Glos SLC # 0022996 **Report Period Beginning:** July 1, 2002 June 30, 2003 **Ending:** 

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	In Column	Z DCIOW	1	2	1 3	11 603
			•	Refer-	OHF USE	
	NON-ALLOWABLE EXPENSES		Amount	ence	ONLY	
1	Day Care	\$			\$	1
2	Other Care for Outpatients					2
3	Governmental Sponsored Special Programs					3
4	Non-Patient Meals					4
5	Telephone, TV & Radio in Resident Rooms					5
6	Rented Facility Space					6
7	Sale of Supplies to Non-Patients					7
8	Laundry for Non-Patients					8
9	Non-Straightline Depreciation					9
10	Interest and Other Investment Income					10
11	Discounts, Allowances, Rebates & Refunds					11
12	Non-Working Officer's or Owner's Salary					12
13	Sales Tax					13
14	Non-Care Related Interest		(1,006)	32		14
15	Non-Care Related Owner's Transactions					15
16	Personal Expenses (Including Transportation)					16
17	Non-Care Related Fees					17
18	Fines and Penalties		(304)	<b>27</b>		18
19	Entertainment					19
20	Contributions					20
21	Owner or Key-Man Insurance					21
22	Special Legal Fees & Legal Retainers					22
23	Malpractice Insurance for Individuals					23
24	Bad Debt		(7,544)	<b>27</b>		24
25	Fund Raising, Advertising and Promotional					25
	Income Taxes and Illinois Personal		_	_		
26	Property Replacement Tax					26
27	Nurse Aide Training for Non-Employees					27
28	Yellow Page Advertising		(114.543)			28
29	Other-Attach Schedule		(114,742)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$	(123,596)		\$	30

	<b>OHF USE ONL</b>	Y				
48		49	50	51	52	

## B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

		1	Z	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)	117,755		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ 117,755		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (5,841)		37

<sup>\*</sup>These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.) 3

		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Page 5A

Iona Glos SLC

0022996 Report Period Beginning: July 1, 2002

	Ending: June 30, 2003			
			Sch. V Line	
	NON-ALLOWABLE EXPENSES	Amount	Reference	
1	Adjustment for Fundraising = 50 % of Public \$			1
2	Relations & Development - also see worksheet 1			2
3				3
4	Housekeeping Supplies	(59,722)	3	4
5	Utilities	(117)	5	5
6	Maintenance	(35)	6	6
7	Administrative	(31,234)	17	7
8	Professional Services	(189)	19	8
9	Publications	(217)	20	9
10	Membership Dues	(471)	20	10
11	Clerical & General Office	(4,893)	21	11
12	Staff Training	(4,346)	22	12
13	Travel	(168)	25	13
14	Insurance	(175)	26	14
15	Agency Functions	(1,182)	27	15
16	Depreciation	(1,032)	30	16
17	Rent	(5,873)	34	17
18	Equipment Rental	(861)	35	18
19	Total Fund Raising Adjustment			19
20	(110,515)			20
21				21
22	Other Non-Allowables & Adjustments			22
23				23
24	Non-Care Related Legal and Professionl Services	(1,563)	19	24
25	Miscellaneous - prior year adjustments	(379)	27	25
26	In & Out	160	27	26
27	Agency Functions	(3,802)	27	27
28	Depreciation Adjustments	1,552	30	28
29	Non-Care Related Administrative Leased Vehicle	(194)	35	29
30	Total Other Non-Allowables & Adjustments			30
31	(4,226)			31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(114,741)		49

Summary A

Facility Name & ID Number Iona Glos SLC

# 0022996 Report Period Beginning:

**July 1, 2002 Ending: June 30, 2003** 

	SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I												
	SUMMAKY OF PAGES 5, 5A, 6, 6A	A, 0B, 0C, 6D,	oe, or, og, 6	H AND 61	<u> </u>			ı	I		I		CIDALLEY
													SUMMARY
	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	TOTALS
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6Н	<b>6</b> I	(to Sch V, col.7)
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0 1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0 2
3	Housekeeping	(59,722)	0	0	0	0	0	0	0	0	0	0	( / /
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	-
5	Heat and Other Utilities	(117)	0	0	0	0	0	0	0	0	0	0	(11.)
6	Maintenance	(35)	0	0	0	0	0	0	0	0	0	0	(00)
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	-
8	TOTAL General Services	(59,874)	0	0	0	0	0	0	0	0	0	0	(59,874) 8
	B. Health Care and Programs												
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0 9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0 10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0 10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0 11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0 12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0 13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0 14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0 16
	C. General Administration		-	-	,					-	-		
17	Administrative	(31,234)	0	0	0	0	0	0	0	0	0	0	(31,234) 17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	
19	Professional Services	(1,752)	0	0	0	0	0	0	0	0	0	0	(1,752) 19
20	Fees, Subscriptions & Promotions	(688)	0	0	0	0	0	0	0	0	0	0	(688) 20
21	Clerical & General Office Expenses	(4,893)	0	0	0	0	0	0	0	0	0	0	` ′
22	Employee Benefits & Payroll Taxes	(4,346)	0	0	0	0	0	0	0	0	0	0	(4,346) 22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	
25	Other Admin. Staff Transportation	(168)	0	0	0	0	0	0	0	0	0	0	
26	Insurance-Prop.Liab.Malpractice	(175)	0	0	0	0	0	0	0	0	0	0	` /
27	Other (specify):*	(13,051)	0	0	0	0	0	0	0	0	0	0	\ /
28	TOTAL General Administration	(56,307)	0	0	0	0	0	0	0	0	0	0	(56,307) 28
1	TOTAL Operating Expense	(20,201)	<u> </u>					Ů	Ů				
29	(sum of lines 8,16 & 28)	(116,181)	0	0	0	0	0	0	0	0	0	0	(116,181) 29

**Summary B Facility Name & ID Number** Iona Glos SLC # 0022996 **Report Period Beginning: July 1, 2002 Ending:** June 30, 2003

## **SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I**

													SUMMARY	
	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	<b>PAGE</b>	PAGE	PAGE	PAGE	<b>PAGE</b>	TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	<b>6C</b>	6D	<b>6E</b>	<b>6F</b>	6 <b>G</b>	6H	<b>6I</b>	(to Sch V, col.	.7)
30	Depreciation	520	123,439	0	0	0	0	0	0	0	0	0	123,959	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,006)	0	0	0	0	0	0	0	0	0	0	(1,006)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	(5,873)	0	0	0	0	0	0	0	0	0	0	(5,873)	34
35	Rent-Equipment & Vehicles	(1,055)	(5,684)	0	0	0	0	0	0	0	0	0	(6,739)	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(7,414)	117,755	0	0	0	0	0	0	0	0	0	110,341	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(123,595)	117,755	0	0	0	0	0	0	0	0	0	(5,840)	45

STATE OF ILLINO	OIS				Page 6
ш	0022006	D 4 D ' 1 D ' '	T1 1 2002	T 1:	T 20 2002

	<b>Facility Name &amp; ID Number</b>	r Iona Glos SLC	#	0022996	Report Period Beginning:	July 1, 2002 Ending	g: June 30, 2003
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#### VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1			2		3	
OWNERS		RELATE	D NURSING HOMES	OTHER	RELATED BUSINESS ENT	ITIES
Name	Ownership %	Name	City	Name	City	Type of Business
Not for Profit Corp - board members DO N	NOT have owners	 hip in the Ray Graham Association	on or the Ray Graham Foundation	Ry Graham	Downers Grove, IL	social service
see attached list of board board of dirctors				Foundation		foundation

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

X YES

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

	1	2	2 Cost Day Consuel Lodger	4	5 Cost to Deleted Ouganization		7	0 Difference	
	1	Z	3 Cost Per General Ledger	4	5 Cost to Related Organization	0	/	8 Difference:	
						Percent	Operating Cost	Adjustments for	
Sch	edule V	Line	Item	Amount	Name of Related Organization	of	of Related	Related Organization	
					C	Ownership		Costs (7 minus 4)	
1	$\mathbf{V}$	30	building depreciation	\$	Ray Graham Foundation		<b>\$</b> 120,214	<b>\$</b> 120,214	1
2	V	30	euipment depreciation		Ray Graham Foundation		3,225	3,225	2
3	V	35	vehicle lease	5,684	Ray Graham Foundation			(5,684)	3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$ 5,684			\$ 123,439	\$ * 117,755	14

<sup>\*</sup> Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Iona Glos SLC # 0022996 Report Period Beginning: July 1, 2002 Ending: June 30, 2003

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#### **VII. RELATED PARTIES (continued)**

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5		6	7	1	8	
						Average Hou	ırs Per Work				
					Compensation	Week Dev	oted to this	Compensati	on Included	Schedule V.	
					Received	Facility and	l % of Total	in Costs	for this	Line &	
				Ownership	From Other	Work	Week	Reportin	ng Period**	Column	
	Name	Title	Function	Interest	Nursing Homes*	Hours	Percent	Description	Amount	Reference	
1	none								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

<sup>\*</sup> If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

<sup>\*\*</sup> This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).

FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,

ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

STATE OF ILLINOIS

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## VIII. ALLOCATION OF INDIRECT COSTS

**Facility Name & ID Number** 

A. Are there any costs included in this report which were derived from allocations of central office YES X or parent organization costs? (See instructions.) NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization **Ray Grqaham Foundation Street Address** 2801 Finley Road City / State / Zip Code Phone Number **Downers Grove, IL 60515** 

630 ) 620-2222 Fax Number 630 ) 620-1488

	1	2	3	4	5		6	7	8	9	
	Schedule V		Unit of Allocation		Number of	T	otal Indirect	Amount of Salary			
	Line		(i.e.,Days, Direct Cost,		<b>Subunits Being</b>		Cost Being	Cost Contained	Facility	Allocation	
	Reference	Item	Square Feet)	<b>Total Units</b>	Allocated Among		Allocated	in Column 6	Units	(col.8/col.4)x col.6	
1		see worksheet 1	direct cost	14,727,453		\$	2,671,293	\$	4,852,918	\$ 880,231	1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10 11
11											111
12											12 13
13											13
14 15											14 15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
	TOTALS					\$	2,671,293	\$		\$ 880,231	25

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5		6	7	8	9	10	
	Name of Lender	Relate YES		Purpose of Loan	Monthly Payment Required	Date of Note		Amou Original	int of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related							3			, g /		
	Long-Term												
1	AVAYA Financial		X	phone system - admin	\$458.00	8/1/02	\$	15,262	\$ 10,842	7/1/05	0.0506	\$ 670	1
2	SLC allocation = .33				\$151.00			5,024	3,569			221	2
3													3
4	EXCLUDE CALCULATION L	INE 1	FROM	TOALS	(\$458.00)			(15,262)	(10,842)			(670)	4
5													5
	Working Capital												
6	allocated - see worksheet 6	X	X	operating funds				1,148,476	433,197			29,907	6
7	(not enough lines)												7
8													8
9	TOTAL Facility Related	_			\$151.00		\$	1,153,500	\$ 436,766			\$ 30,128	9
1.0	B. Non-Facility Related*					1	T		l	ı	1 1		10
10													10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$		\$			\$	14
15	TOTALS (line 9+line14)						\$	1,153,500	\$ 436,766			\$ 30,128	15

<sup>16)</sup> Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ n/a Line # n/a

<sup>\*</sup> Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

<sup>\*\*</sup> If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

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Facility Name & ID Number | Iona Glos SLC | # 0022996 | Report Period Beginning: July 1, 2002 | Ending: June 30, 2003

# IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued) B. Real Estate Taxes

Real Estate Tax accrual used on 2002 report.	<b>Important</b> , please see the next workshee bill must accompany the cost report.	et, "RE_Tax". The real	estate tax statement and	\$	792	1
2. Real Estate Taxes paid during the year: (Indicate the	tax year to which this payment applies. If payment co	overs more than one year, d	etail below.)	\$	1,222	2
3. Under or (over) accrual (line 2 minus line 1).				\$	430	3
4. Real Estate Tax accrual used for 2003 report. (Deta	il and explain your calculation of this accrual on the l	ines below.)		\$	655	4
<ul> <li>5. Direct costs of an appeal of tax assessments which he (Describe appeal cost below. Attach cop)</li> <li>6. Subtract a refund of real estate taxes. You must offs classified as a real estate tax cost plus one-half of an</li> </ul>	set the full amount of any direct appeal costs	• •		\$		5
TOTAL REFUND \$ For  7. Real Estate Tax expense reported on Schedule V, lir	Tax Year. (Attach a copy of the	real estate tax appeal	board's decision.)	\$	1,085	7
Real Estate Tax History:	is 33. This should be a combination of this 3 that o.			ų.	1,000	<u> </u>
Real Estate Tax Bill for Calendar Year: 199			FOR OHF USE ONLY			H
200	0 1,066 10	13	FROM R. E. TAX STATEMENT I	FOR 2002 \$		13
200 200		14	PLUS APPEAL COST FROM LIN	NE 5 \$		14
line 2. 1/2 2001 bill = 593 plus 1/2 2002 bill = 629 line 4. 1/2 2002 bill = 629 plus 2003 estimated at 72.5% = 4	56 less prior year adj on line 3.	15	LESS REFUND FROM LINE 6	\$		15
		16	AMOUNT TO USE FOR RATE O	CALCULATION \$		16

**NOTES:** 

- 1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
- 2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.

Facility - Iona Glos SLC #0022996 Report Period: July 1, 2002 - June 30, 2003

#### IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

	2002 LONG	TERM CARE REAL I	ESTATE TAX	STATEME	NT	
FACILITY N	AME Iona Glos SL	.C		COUNTY D	uPage	
FACILITY II	OPH LICENSE NUMBE		_			
CONTACT P	ERSON REGARDING	THIS REPORT Kathleen Fran	cis			
TELEPHONE	E ( 630 ) 620-2222	F	AX #· (630 ) 6	28-1488		
	ary of Real Estate Tax		( ( ( ) )		_	
cost tha	t applies to the operation roperty which is vacant, in Column D. Do not in	real estate tax assessed for 200 n of the nursing home in Colum rented to other organizations, onclude cost for any period other	n D. Real estate ta or used for purposes	x applicable to an other than long t 2002.	y portion of t	the nursing st not be
T	(A) ax Index Number	(B) Property Descripti	on	(C) Total Tax	App	(D) Tax olicable to sing Home
1. 03-26-3	604-012	442 W. Fullerton, Elmhur	rst, IL \$	29,590.12	\$	1,257.00
2.			\$		\$	
2			\$		\$	
4.			\$			
5.					\$	
6.					\$	
7.						
8.					\$	
9.					\$	
10.		<u> </u>			\$	
		то	OTALS \$	29,590.12	\$	1,257.00

# B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?  $\underline{X}$   $\underline{YES}$   $\underline{NO}$ 

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

#### C. Tax Bills

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

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acil	ity Name & ID Number Iona Glos SLC			STATE O	F ILLINOIS 0022996	S Report Period Beginning:	July 1, 2002 Ending:	Page 11 June 30, 2003
K. Bl	UILDING AND GENERAL INFORMA	ATION:						·
A.	Square Feet: 47,000	B. General Construction Type:	Exterior	brick		Frame	Number of Stories	1
C.	Does the Operating Entity?	X (a) Own the Facility	(b) Rent from	a Related (	Organization	ı <b>.</b>	(c) Rent from Completely Un Organization.	related
	(Facilities checking (a) or (b) must co	mplete Schedule XI. Those checking (c)	may complete Schedul	e XI or Scl	nedule XII-A	. See instructions.)		
D.	Does the Operating Entity?	X (a) Own the Equipment	(b) Rent equip	ment from	a Related O	rganization.	(c) Rent equipment from Con Unrelated Organization.	npletely
	(Facilities checking (a) or (b) must co	mplete Schedule XI-C. Those checking	(c) may complete Sched	lule XI-C o	or Schedule 2	XII-B. See instructions.)		
Е.	(such as, but not limited to, apartmen	by this operating entity or related to the its, assisted living facilities, day training uare footage, and number of beds/units	facilities, day care, ind	ependent l				
	none							
	<del></del>							
F.	Does this cost report reflect any organ If so, please complete the following:	nization or pre-operating costs which ar	re being amortized?			YES	X NO	
1.	. Total Amount Incurred:			2. Numbe	r of Years O	ver Which it is Being Amort	ized:	
3.	Current Period Amortization:			4. Dates I	ncurred:			
		Nature of Costs: (Attach a complete schedule deta	iling the total amount o	of organiza	tion and pre	e-operating costs.)		
XI (	OWNERSHIP COSTS:							
<b>11.</b> C	WILEKSHII COSTS.	1	2		3	4		
	A. Land.	Use 1 SLC	Square Feet	Year	· Acquired 1990	Cost 214,674	1	
		3 TOTALS				\$ 214,674	3	

STATE OF ILLINOIS

July 1, 2002 Ending: Page 12 June 30, 2003 0022996 **Report Period Beginning:** 

XI. OWNERSHIP COSTS (continued)

Facility Name & ID Number

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	ng Depreciation Including Flacu Equi	2	3	4	5	6	7	8	9	
	Beds*	FOR OHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	100		1981	1981 \$	3,681,931	\$ 92,048	40	\$ 92,048	\$	2,071,086	4
5	(Ray										5
	Graham										6
7	Foundation)										7
8											8
	Impro	vement Type**									
9	<b>Prior Fiscal Y</b>	ears		1997	1,700	170	5	170		1,700	9
10				1998	44,944	8,099	5	8,099		43,836	10
11				1999	236	47	5	47		213	11
12				2000	841	280	5	280		701	12
13				2001	8,293	1,659	5	1,659		2,488	13
14				2002	56,779	11,356	5	11,356		17,034	14
15				2002	1.085	100	_	100		100	15
16	remove old flo	or, install new tile & base in bathroom in	1 home 1	2002	1,875	188	5	188		188	16
17	new door and	frame for generator room s in home 4 and 6		2002	2,600	260 228	5	260		260	17
18 19	new steel door	rs in nome 4 and 6		2003	2,280	228	5	228		228	18
20											
	from Pay Cra	ham Foundatio - all prior fiscal years		1998	110	11	5	11		50	20
22	II OIII Kay Gia	main Foundatio - an prior fiscal years		1999	143,308	15,450	5	15,450		60,985	22
23				2000	86,886	8,689	5	8,689		24,785	23
24				2001	39,306	3,931	5	3,931		8,567	24
25				2002	850	85	5	85		128	25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

<sup>\*</sup>Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete.

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Report Period Beginning: July 1, 2002 Ending: Page 12A
July 1, 2002 Ending: June 30, 2003

XI. OWNERSHIP COSTS (continued)

Facility Name & ID Number

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

Teal Fullerton Building Allocation - all prior fiscal years   1999   S   854   S   85   10   S   85   S   299   S   854   S   85   S   85   S   299   S   854   S   85   S   S   85   S   S   S   S   S   S   S   S   S
37   Fullerton Building Allocation - all prior fiscal years   1999   \$ 854   \$ 85   10   \$ 85   \$ \$ 299
38
39   2001   2,285   457   5   457   1,143     40   2002   1,532   306   5   306   460     41   total Fullerton   71,979   8,651   8,651   26,266     42   Transportation portion65%   468   56   56   171     43   Intake portion45%   324   39   39   118     44   Clinical portion25%   180   22   22   66     45   Administration portion - 12.64%   9,098   1,093   1,093   3,320     46   SLC portion of Transportation - 6.6%   31   4   4   11     47   SLC portion of Intake - 6%   19   2   2   2   2     48   SLC portion of Clinical - 4.04%   7   1   1   3   3     49   SLC portion of Administration - 33%   3,000   361   361   1,095
40         2002         1,532         306         5         306         460           41         total Fullerton         71,979         8,651         8,651         26,266           42         Transportation portion65%         468         56         56         171           43         Intake portion45%         324         39         39         118           44         Clinical portion25%         180         22         22         22         66           45         Administration portion - 12.64%         9,098         1,093         1,093         3,320           46         SLC portion of Transportation - 6.6%         31         4         4         11           47         SLC portion of Intake - 6%         19         2         2         2         7           48         SLC portion of Clinical - 4.04%         7         1         1         3           49         SLC portion of Administration - 33%         3,000         361         361         1,095
41       total Fullerton       71,979       8,651       8,651       26,266         42       Transportation portion65%       468       56       56       171         43       Intake portion45%       324       39       39       118         44       Clinical portion25%       180       22       22       22       66         45       Administration portion - 12.64%       9,098       1,093       1,093       3,320         46       SLC portion of Transportation - 6.6%       31       4       4       11         47       SLC portion of Intake - 6%       19       2       2       2       7         48       SLC portion of Clinical - 4.04%       7       1       1       3         49       SLC portion of Administration - 33%       3,000       361       361       1,095
42       Transportation portion65%       468       56       56       171         43       Intake portion45%       324       39       39       118         44       Clinical portion25%       180       22       22       22       66         45       Administration portion - 12.64%       9,098       1,093       1,093       3,320         46       SLC portion of Transportation - 6.6%       31       4       4       11         47       SLC portion of Intake - 6%       19       2       2       2       7         48       SLC portion of Clinical - 4.04%       7       1       1       3         49       SLC portion of Administration - 33%       3,000       361       361       1,095
43       Intake portion45%       324       39       39       118         44       Clinical portion25%       180       22       22       66         45       Administration portion - 12.64%       9,098       1,093       1,093       3,320         46       SLC portion of Trasnportation - 6.6%       31       4       4       11         47       SLC portion of Intake - 6%       19       2       2       7         48       SLC portion of Clinical - 4.04%       7       1       1       3         49       SLC portion of Administration - 33%       3,000       361       361       1,095
44       Clinical portion25%       180       22       22       66         45       Administration portion - 12.64%       9,098       1,093       1,093       3,320         46       SLC portion of Trasnportation - 6.6%       31       4       4       4       11         47       SLC portion of Intake - 6%       19       2       2       7         48       SLC portion of Clinical - 4.04%       7       1       1       3         49       SLC portion of Administration - 33%       3,000       361       361       1,095
45       Administration portion - 12.64%       9,098       1,093       1,093       3,320         46       SLC portion of Trasnportation - 6.6%       31       4       4       4       11         47       SLC portion of Intake - 6%       19       2       2       2       7         48       SLC portion of Clinical - 4.04%       7       1       1       3         49       SLC portion of Administration - 33%       3,000       361       361       1,095
46       SLC portion of Trasnportation - 6.6%       31       4       4       11         47       SLC portion of Intake - 6%       19       2       2       7         48       SLC portion of Clinical - 4.04%       7       1       1       3         49       SLC portion of Administration - 33%       3,000       361       361       1,095
47       SLC portion of Intake - 6%       19       2       2       7         48       SLC portion of Clinical - 4.04%       7       1       1       3         49       SLC portion of Administration - 33%       3,000       361       361       1,095
48         SLC portion of Clinical - 4.04%         7         1         1         3           49         SLC portion of Administration - 33%         3,000         361         361         1,095
49 SLC portion of Administration - 33% 3,000 361 361 1,095
50   total \$1 C partian     3.057   368     369     1.116
51
52
53 Finley Building Allocation - all prior fiscal years 2001 37,183 7,437 5 7,437 18,591
54 2002 1,075 215 5 215 322
55 total Finley 38,258 7,652 7,652 18,914
56         Administration portion - 71.72%         27,438         5,487         5,487         13,565
57 Intake portion - 1.24% 95 95 235
58 Clinical portion - 4. 1,526 305 305 755
59 SLC portion of Administration - 33% 9,038 1,807 1,640 (167) 4,469
60         SLC portion of Intake - 6%         6         6         14           61         SLC portion of Clinical - 4.04%         62         12         12         31
62 total SLC portion 9,128 1,825 1,658 (167) 4,514
65
65 BACK OUT CALCULATION DETAILS SO LINE 70 ONLY (272,167) (41,895) (41,728) 167 (114,219) 66 REFLECTS LINES 50 AND 62 FROM (THIS) PAGE 12A
67 REFLECTS LINES 50 AND 62 FROM (THIS) PAGE 12A
68
69
70 TOTAL (lines 4 thru 69) \$ 4,084,124 \$ 144,693 \$ 144,526 \$ (167) \$ 2,237,876

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete

STATE OF ILLINOIS

Page 12B July 1, 2002 Ending: June 30, 2003 0022996 **Report Period Beginning:** 

XI. OWNERSHIP COSTS (continued)

Facility Name & ID Number

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12A, Carried Forward		\$ 4,084,124	\$ 144,693		<b>\$</b> 144,526	( - )	\$ 2,237,876	1
2 REVERSE ABOVE - THIS PAGE IS REALLY PAGE 13A EQUIT	PMENT DEPR	EC (4,084,124)	(144,693)		(144,526)	167	(2,237,876)	2
3								3
4 Purchased in Prior Years								4
5 SLC		68,072	10,393	5	10,393		52,554	5
6 Transportation		4,386	877	5	877		2,195	6
7 Advocacy		2,988	598	5	598		2,988	7
8 Intake		103	21	5	21		53	8
9 Administration		2,907	581	5	581		1,495	9
10 SLC portion of Transportation - 6.6%		289	58		58		145	10
11 SLC portion of Advocacy - 33%		984	197		197		984	11
12 SLC portion of Intake - 6%		6	1		1		3	12
13 SLC portion of Administration - 33%		959	192		192		493	13
14								14
15 Current Year Purchases								15
16 SLC		11 425	1.142	_	1 1 4 2		1 1/2	16
2 dryers and 1 washer replaced - fire damage		11,425	1,142	5	1,142		1,142	17
18 new washer in home 1		740	74	5	74		74	18
19 oven		566	57 150	5	57 150		57 150	19
20 Cannon fax machine		1,500	150	5	150		150	20
				5				22
Tuny Bept leated		31,084		3			31,084	23
23 SLC 24		31,004					31,004	24
25 Management and General -								25
26 Purchased in Prior Years		476,679	94,654	2-5	94,654		260,886	26
27 SLC portion - 33%		157,304	31,179	2 3	30,314	(865)	86,092	27
28 SEC portion - 33 76		10.,001	V1,117		00,011	(000)	33,02	28
29 Current Year Purchases								29
30 Ceridian payroll upgrade(software)		16,247	1,625	5	1,625		1,625	30
31 SLC portion - 33%		5,362	535		535		536	31
32		, -			_			32
33 SUBTRACT ALLOCATED LINES		(503,310)	(98,355)		(98,355)		(269,241)	33
34 TOTAL (lines 1 thru 33)		\$ 278,292	\$ 43,978		\$ 43,113	\$ (865)	\$ 173,315	34

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete

STATE OF ILLINOIS

Page 12C July 1, 2002 Ending: June 30, 2003 0022996 **Report Period Beginning:** 

XI. OWNERSHIP COSTS (continued)

Facility Name & ID Number

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	T
	Year		Current Book	Life	Straight Line		Accumulated	
Improvement Type**	Constructed	Cost	Depreciation	in Years	Depreciation	Adjustments	Depreciation	
1 Totals from Page 12B, Carried Forward		\$ 278,292	\$ 43,978		\$ 43,113	\$ (865)	\$ 173,315	1
2 THIS IS REALLY PAGE 13B - EQUIPMENT DEPRECIATION								2
3								3
4 Finley Building								4
5 exrtend capital lease on phone system		15,262	5,087	3	5,087		5,087	5
6 Clinical portion -4%		610	203		203		203	6
7 Intake portion - 1.25%		191	64		64		64	7
8 Administration portion - 71.72%		10,946	3,648		3,648		3,648	8
9 SLC portion of Clinical - 4%		24	8		8		8	9
10 SLC portion of Intake 6%		11	4		4		4	10
11 SLC portion of Administration - 33%		3,612	1,204		1,204		1,204	11
12								12
13 Ray Graham Foundation -								13
14 Purchased in Prior Years		10.700	0.700	_	2 / 22			14
15 SLC		13,623	2,633	5	2,633		9,445	15
16 Administration		20,730	1,801		1,801		19,935	16
17 SLC portion - 33%		6,841	594		594		6,579	17
18								18
19		202.404	40.431		17.557	(0/5)	100 554	19
20 TOTAL EQUIPMENT DEPRECIATION - PG13 LINE 75		302,404	48,421		47,556	(865)	190,554	20
21 22								21
23								23
24								24
25								25
26								26
27								27
28				<del> </del>				28
29								29
30 REVERSE EVERYTHING ABOVE AND		(652,546)	(107,646)	<del> </del>	(105,916)	1,730	(410,047)	30
31 PICKUP ONLY BUIDLING & BUILDING INPROVEMENTS FR	ROM PG12A	4,084,124	144,693		144,526	(167)	2,237,876	31
32 FOR PG13 LINE 85	OMITUIZA	-,	21.,070		11.,020	(207)	_,,,,,,,,	32
33								33
34 TOTAL (lines 1 thru 33)		\$ 4,084,124	\$ 144,693		\$ 144,526	\$ (167)	\$ 2,237,876	34

<sup>\*\*</sup>Improvement type must be detailed in order for the cost report to be considered complete

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**Report Period Beginning:** 

**July 1, 2002 Ending:** 

Page 13 June 30, 2003

**Facility Name & ID Number** XI. OWNERSHIP COSTS (continued)

**Iona Glos SLC** 

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of	ĺ	Current Book	Straight Line	4	Component	Accumulated	
	Equipment	Cost	Depreciation 2	Depreciation 3	Adjustments	Life 5	Depreciation 6	
71	Purchased in Prior Years	\$ 248,080	\$ 45,247	\$ 44,382	\$ (865)	3-5	\$ 156,295	71
72	<b>Current Year Purchases</b>	23,240	3,174	3,174		2-5	3,175	72
73	Fully Depreciated Assets	31,084				5	31,084	73
74								74
75	TOTALS	\$ 302,404	\$ 48,421	\$ 47,556	\$ (865)		\$ 190,554	75

D. Vehicle Depreciation (See instructions.)\*

	1	Model, Make	Year	4	Current Book	Straight Line	7	Life in	Accumulated	
	Use	and Year 2	Acquired 3	Cost	Depreciation 5	Depreciation 6	Adjustments	Years 8	Depreciation 9	
76	client transportation	1994 Dodge Caravan	1994	<b>\$</b> 26,358	\$	\$	\$	5	\$ 26,358	76
77	client transportation	1992 Ford Econoline	1995	6,654				5	6,654	77
78	client transportation	1996 Ford Medium Duty	1996	41,093				5	41,093	78
79	client transportation	1998 Dodge Van	1998	36,417	7,283	7,283		5	32,775	79
80	TOTALS			\$ 110,522	\$ 7,283	\$ 7,283	\$		\$ 106,880	80

	E. Summary of Care-Related Assets	1	2		
		Reference	Amount		]
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 4,711,724	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 200,397	82	1
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 199,365	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (1,032)	84	1
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 2,535,311	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Description & Teal Acquired	\$	\$	\$	86
87		· ·		-	87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

**G.** Construction-in-Progress

	1	l	1
	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

- Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.
- This must agree with Schedule V line 30, column 8.

Б.	1. N. O. I	D.N. I			\$	STA'	TE OF ILLINOIS	5	D 4 D		D : 1 4002	Page 14
		STS	Iona Glos SLC  pment (See instructions.) Lease: Stoika Brothe		and Midwest Surgical -	# See v	0022996 vorksheet 7		•		Beginning: July 1, 2002  ER ONLY DATES IN CELLS W16 AN	Ending: June 30, 2003  D W17
					mount shown below on l							
	If NO, see	e instructions.					YES	NO				
		1 Year	Number	3 Date of	4 Rental		5 Total Years		6 l Years			
3	Original Building:	Constructed	n/a	Lease 10/15/98 \$	Amount 8,343		of Lease	n/a		3	10. Effective dates of current re Beginning 10/15/98 & 02/26/	02
4	Additions		n/a	02/26/02	58,188		6	n/a	1	4	Ending <u>10/14/03 &amp; 02/28/</u>	11
<u>5</u>										5	11. Rent to be paid in future yes	ars under the current
7	TOTAL			\$	66,531					7	rental agreement:	is under the current
	This amou		rtization of lease expense ated by dividing the total				n/a				Fiscal Year Ending  12. 06/2004 \$	Annual Rent 56,755
	9. Option to	_	YES X	<u>:</u> ] NO Te	erms:		*				13. 06/2005 \$ 14. 06/2006 \$	56,956 58,661
	15. Îs Moval	ble equipment	ransportation and Fixed rental included in buildi vable equipment:		, i	work	YES X	<u> </u>				
	C Vahiala Da	ental (See instr	uctions)				(Attach a schedul	le detailing	g the breakd	lown of	f movable equipment)	
	1	ental (See Mstr	2	1	3		4					
	Use		Model Year and Make	M	onthly Lease Payment		Rental Expense for this Period	;			* If there is an option to buy	the building,
	client transpo	ortation P	ACE vehicle #1697	\$	345.00	\$	4,140	1			please provide complete d	etails on attached
18 19			<u> </u>					1			schedule.	
20								2			** This amount plus any amo	ortization of lease
21	TOTAL			\$ 3	345.00	\$	4,140	2	1		expense must agree with p	age 4, line 34.

Facility Name & ID Number	Iona Glos SLC		S	STATE OF ILLIN	NOIS #	0022996	Report Period Beginning:	July 1, 2002 Ending:	Page 15 June 30, 200
XIII. EXPENSES RELATING TO		G PROGRAMS (See i	nstructions.)		π	0022))0	Report I criou beginning.	July 1, 2002 Enumg.	June 30, 200
A. TYPE OF TRAINING PRO	OGRAM (If aides are trai	ned in another facility	program, attach a	schedule listing t	the facility	name, addre	ss and cost per aide trained i	n that facility.)	
1. HAVE YOU TRAINE DURING THIS REP		X YES 2	. CLASSROOM	PORTION:			3. <u>CLINICAL I</u>	PORTION:	
PERIOD?	JK1	NO	IN-HOUSE PE	ROGRAM	40		IN-HOUSE F	PROGRAM 80	
If "yes", please comp	late the remainder		IN OTHER FA	ACILITY			IN OTHER I	FACILITY	
of this schedule. If "n explanation as to why	o", provide an		COMMUNITY	COLLEGE			HOURS PER	80 <u>80</u>	
not necessary.	tills training was		HOURS PER	AIDE	40				
B. EXPENSES		ALLOCATI	ON OF COSTS	(d)			C. CONTRACTUAL	INCOME	
		1	2	3		4		low record the amount of red training aides from oth	•
			cility						
		Drop-outs	Completed	Contract		Total	\$	none	
1 Community College Tuit	ion	\$ 550	\$	\$	\$	775	D MIMBER OF AIR		
2 Books and Supplies	(-)	550	225			775	D. NUMBER OF AII	DES TRAINED	
3 Classroom Wages	(a)	7,462	3,250 6,500	-	_	10,712	COMPL	MUNIN	
4 Clinical Wages 5 In-House Trainer Wages	(b) (c)	581	765			6,500 1,346	1. From this		0
6 Transportation	(t)	301	703			1,540	2. From other	v	,
7 Contractual Payments							DROP-O	· ·	
8 Nurse Aide Competency	Tests						1. From this		22
9 TOTALS		\$ 8,593	\$ 10,740	\$	\$	19,333	2. From other	v	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.

19,333

- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.

(e)

10 SUM OF line 9, col. 1 and 2

(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

COMPLETED	
1. From this facility	9
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	22
2. From other facilities (f)	
TOTAL TRAINED	31

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

STATE OF ILLINOIS

# 0022996 **Report Period Beginning:** 

Page 16 July 1, 2002 Ending: June 30, 2003

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

**Facility Name & ID Number** 

2 3 6 Schedule V Staff **Outside Practitioner Supplies** Units of Service Line & Column Cost (other than consultant) (Actual or) **Total Units Total Cost** (Column 2 + 4)Reference Allocated) (Col. 3 + 5 + 6) Service Units Cost **Licensed Occupational Therapist** hrs none **Licensed Speech and Language Development Therapist** hrs **Licensed Recreational Therapist** hrs **Licensed Physical Therapist** 4 hrs Physician Care visits **Dental Care** visits 6 6 **Work Related Program** hrs Habilitation hrs # of Pharmacy prescrpts **Psychological Services** (Evaluation and Diagnosis/ **Behavior Modification)** 10 hrs **Academic Education** hrs 11 12 12 Exceptional Care Program 13 Other (specify): 13 14 TOTAL 14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Page 17 Report Period Beginning: July 1, 2002
(last day of reporting year) 0022996 **Ending:** June 30, 2003

**Facility Name & ID Number** 

June 30, 2003 As of

XV. BALANCE SHEET - Unrestricted Operating Fund.

This report must be completed even if financial statements are attached.

	This report must be completed even	1		2 After	
		C	perating	Consolidation*	
	A. Current Assets				
1	Cash on Hand and in Banks	\$	7,787	\$	1
2	Cash-Patient Deposits		108,112		2
	Accounts & Short-Term Notes Receivable-				
3	Patients (less allowance 54,338 )		2,169,221		3
4	Supply Inventory (priced at cost )		35,942		4
5	Short-Term Investments				5
6	Prepaid Insurance		101,817		6
7	Other Prepaid Expenses		6,222		7
8	Accounts Receivable (owners or related parties)		43,531		8
9	Other(specify): security deposits		39,426		9
	TOTAL Current Assets				
10	(sum of lines 1 thru 9)	\$	2,512,058	\$	10
	B. Long-Term Assets				
11	Long-Term Notes Receivable				11
12	Long-Term Investments				12
13	Land				13
14	Buildings, at Historical Cost				14
15	Leasehold Improvements, at Historical Cost		1,977,141		15
16	Equipment, at Historical Cost		3,103,203		16
17	Accumulated Depreciation (book methods)		(4,099,814)		17
18	Deferred Charges				18
19	Organization & Pre-Operating Costs				19
	Accumulated Amortization -				
20	Organization & Pre-Operating Costs	L			20
21	Restricted Funds				21
22	Other Long-Term Assets (specify):				22
23	Other(specify):				23
	TOTAL Long-Term Assets				
24	(sum of lines 11 thru 23)	\$	980,531	\$	24
	TOTAL ASSETS	1			
25	(sum of lines 10 and 24)	\$	3,492,589	\$	25

		1	perating	2 After Consolidation*	
	C. Current Liabilities				
26	Accounts Payable	\$	2,322,769	\$	26
27	Officer's Accounts Payable				27
28	Accounts Payable-Patient Deposits		108,112		28
29	Short-Term Notes Payable		9,772		29
30	Accrued Salaries Payable		916,715		30
	Accrued Taxes Payable				
31	(excluding real estate taxes)		34,049		31
32	Accrued Real Estate Taxes(Sch.IX-B)		19,668		32
33	Accrued Interest Payable				33
34	Deferred Compensation		44,473		34
35	Federal and State Income Taxes				35
	Other Current Liabilities(specify):				
36	capital lease obligation		5,083		36
37	deferred income		49,608		37
	TOTAL Current Liabilities				
38	(sum of lines 26 thru 37)	\$	3,510,250	\$	38
	D. Long-Term Liabilities				
39	Long-Term Notes Payable		65,833		39
40	Mortgage Payable				40
41	Bonds Payable				41
42	Deferred Compensation				42
	Other Long-Term Liabilities(specify):				
43	temporarily restricted		71,358		43
44					44
	TOTAL Long-Term Liabilities				
45	(sum of lines 39 thru 44)	\$	137,191	\$	45
	TOTAL LIABILITIES				
46	(sum of lines 38 and 45)	\$	3,647,441	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$	(154,852)	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	<b>\$</b>	3,492,589	\$	48

STATE OF ILLINOIS
# 0022996 Report Period Beginning: July 1, 2002 Ending: June 30, 2003

Facility Name & ID Number | Iona Glos SLC | XVI. STATEMENT OF CHANGES IN EQUITY

			1	
			Total	
1	Balance at Beginning of Year, as Previously Reported	\$		1
2	Restatements (describe):			2
3	balance sheet for Ray Graham Association			3
4	income statement & schedule V. for Iona Glos SLC only			4
5				5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$		6
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)		(12,879)	7
8	Aquisitions of Pooled Companies			8
9	Proceeds from Sale of Stock			9
10	Stock Options Exercised			10
11	Contributions and Grants			11
12	Expenditures for Specific Purposes			12
13	Dividends Paid or Other Distributions to Owners	(	)	13
14	Donated Property, Plant, and Equipment			14
15	Other (describe)			15
16	Other (describe)			16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$	(12,879)	17
	B. Transfers (Itemize):			
18				18
19				19
20				20
21				21
22				22
23	TOTAL Transfers (sum of lines 18-22)	\$		23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$	(12,879)	24

<sup>\*</sup> This must agree with page 17, line 47.

**Facility Name & ID Number Iona Glos SLC** 

# 0022996 **Report Period Beginning:**  July 1, 2002

Page 19 June 30, 2003

**Ending:** 

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached. Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

Revenue				1	
1   Gross Revenue All Levels of Care   S   5,331,991   1   2   Discounts and Allowances for all Levels   (				Amount	
Discounts and Allowances for all Levels					
3   SUBTOTAL Inpatient Care (line 1 minus line 2)   S   5,331,991   3	_		\$	5,331,991	
B. Ancillary Revenue			(	)	
4   Day Care   5   Other Care for Outpatients   5     6   Therapy   6     7   Oxygen   7     8   SUBTOTAL Ancillary Revenue (lines 4 thru 7)   8     C. Other Operating Revenue   9   Payments for Education   9     10   Other Government Grants   23,254   10     11   Nurses Aide Training Reimbursements   36,339   11     12   Gift and Coffee Shop   11,179   12     13   Barber and Beauty Care   13     14   Non-Patient Meals   14     15   Telephone, Television and Radio   15     16   Rental of Facility Space   16     17   Sale of Drugs   17     18   Sale of Supplies to Non-Patients   18     19   Laboratory   19     20   Radiology and X-Ray   20     21   Other Medical Services   21     22   Laundry   22     23   SUBTOTAL Other Operating Revenue (lines 9 thru 22)   70,772   23     D. Non-Operating Revenue   24     Contributions   286,792   24     25   Interest and Other Investment Income***   25     26   SUBTOTAL Non-Operating Revenue (lines 24 and 25)   286,792   26     E. Other Revenue (specify): ****   27   Settlement Income (linsurance, Legal, Etc.)   10,813   27     28   management fees   17,437   28     28   Subtotal Other Revenue (lines 27, 28 and 28a)   30,715   29	3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$	5,331,991	3
5         Other Care for Outpatients         5           6         Therapy         6           7         Oxygen         7           8         SUBTOTAL Ancillary Revenue (lines 4 thru 7)         8           C. Other Operating Revenue         9           9         Payments for Education         9           10         Other Government Grants         23,254         10           11         Nurses Aide Training Reimbursements         36,339         11           12         Gift and Coffee Shop         11,179         12           13         Barber and Beauty Care         13           14         Non-Patient Meals         14           15         Telephone, Television and Radio         15           16         Rental of Facility Space         16           17         Sale of Drugs         17           18         Sale of Supplies to Non-Patients         18           19         Laboratory         19           20         Radiology and X-Ray         20           21         Cher Medical Services         21           22         Laundry         22           23         SUBTOTAL Other Operating Revenue (lines 9 thru 22)         70,772         23<					
6 Therapy 7 Oxygen 8 SUBTOTAL Ancillary Revenue (lines 4 thru 7) 8 C. Other Operating Revenue 9 Payments for Education 10 Other Government Grants 11 Nurses Aide Training Reimbursements 12 Gift and Coffee Shop 11,179 12 13 Barber and Beauty Care 13 Barber and Beauty Care 14 Non-Patient Meals 15 Telephone, Television and Radio 16 Rental of Facility Space 16 Rental of Facility Space 17 Sale of Drugs 18 Sale of Supplies to Non-Patients 19 Laboratory 19 Laboratory 20 Radiology and X-Ray 21 Other Medical Services 21 Laundry 22 Laundry 23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772 23 D. Non-Operating Revenue 24 Contributions 286,792 24 Contributions 286,792 25 Interest and Other Investment Income** 26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 286,792 26 E. Other Revenue (specify):**** 27 Settlement Income (Insurance, Legal, Etc.) 28 management fees 29 SUBTOTAL Other Revenue (lines 27, 28 and 28a) \$ 30,715 29					
7 Oxygen 7  8 SUBTOTAL Ancillary Revenue (lines 4 thru 7) \$ 8  C. Other Operating Revenue 9  Payments for Education 9  10 Other Government Grants 23,254 10  11 Nurses Aide Training Reimbursements 36,339 11  12 Gitt and Coffee Shop 11,179 12  13 Barber and Beauty Care 13  14 Non-Patient Meals 14  15 Telephone, Television and Radio 15  16 Rental of Facility Space 16  17 Sale of Drugs 17  18 Sale of Supplies to Non-Patients 18  19 Laboratory 19  20 Radiology and X-Ray 20  21 Other Medical Services 21  22 Laundry 22  23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772 23  D. Non-Operating Revenue 24 Contributions 286,792 24  4 Contributions 286,792 24  E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.) 10,813 27  28 management fees 17,437 28  28a see worksheet 11 2,465 28a  29 SUBTOTAL Other Revenue (lines 27, 28 and 28a) \$ 30,715 29	5	Other Care for Outpatients			5
8         SUBTOTAL Ancillary Revenue           9         Payments for Education         9           10         Other Government Grants         23,254         10           11         Nurses Aide Training Reimbursements         36,339         11           12         Gift and Coffee Shop         11,179         12           13         Barber and Beauty Care         13           14         Non-Patient Meals         14           15         Telephone, Television and Radio         15           16         Rental of Facility Space         16           17         Sale of Drugs         17           18         Sale of Supplies to Non-Patients         18           19         Laboratory         19           20         Radiology and X-Ray         20           21         Other Medical Services         21           22         Laundry         22           23         SUBTOTAL Other Operating Revenue (lines 9 thru 22)         70,772         23           D. Non-Operating Revenue         286,792         24           25         Interest and Other Investment Income***         25           26         SUBTOTAL Non-Operating Revenue (lines 24 and 25)         286,792         26					
C. Other Operating Revenue   9   Payments for Education   9   Payments for Education   9   10   Other Government Grants   23,254   10   11   Nurses Aide Training Reimbursements   36,339   11   12   Gift and Coffee Shop   11,179   12   13   Barber and Beauty Care   13   14   Non-Patient Meals   14   15   Telephone, Television and Radio   15   16   Rental of Facility Space   16   17   Sale of Drugs   17   18   Sale of Supplies to Non-Patients   18   19   Laboratory   19   20   Radiology and X-Ray   20   21   Other Medical Services   21   22   Laundry   22   23   SUBTOTAL Other Operating Revenue (lines 9 thru 22)   \$70,772   23   23   D. Non-Operating Revenue   24   Contributions   286,792   24   25   Interest and Other Investment Income***   25   26   SUBTOTAL Non-Operating Revenue (lines 24 and 25)   \$286,792   26   E. Other Revenue (specify):****   27   Settlement Income (Insurance, Legal, Etc.)   10,813   27   28   management fees   17,437   28   28   see worksheet 11   2,465   28a   29   SUBTOTAL Other Revenue (lines 27, 28 and 28a)   \$30,715   29   29   29   29   20   20   20   20	7	Oxygen			7
9 Payments for Education 10 Other Government Grants 11 Nurses Aide Training Reimbursements 36,339 11 12 Grift and Coffee Shop 11,179 12 13 Barber and Beauty Care 13 14 Non-Patient Meals 15 Telephone, Television and Radio 16 Rental of Facility Space 17 Sale of Drugs 18 Sale of Supplies to Non-Patients 19 Laboratory 20 Radiology and X-Ray 21 Other Medical Services 21 Caundry 22 Laundry 23 SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772 23 D. Non-Operating Revenue 24 Contributions 286,792 24 Contributions 286,792 25 Interest and Other Investment Income*** 26 SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 286,792 26 E. Other Revenue (specify):**** 27 Settlement Income (Insurance, Legal, Etc.) 28 management fees 17,437 28 management fees 17,437 28 Sets Subtotal Other Revenue (lines 27, 28 and 28a) \$ 30,715 29	8		\$		8
10 Other Government Grants		C. Other Operating Revenue			
11       Nurses Aide Training Reimbursements       36,339       11         12       Gift and Coffee Shop       11,179       12         13       Barber and Beauty Care       13         14       Non-Patient Meals       14         15       Telephone, Television and Radio       15         16       Rental of Facility Space       16         17       Sale of Drugs       17         18       Sale of Supplies to Non-Patients       18         19       Laboratory       19         20       Radiology and X-Ray       20         21       Other Medical Services       21         22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22)       70,772       23         D. Non-Operating Revenue       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25)       8       286,792       26         E. Other Revenue (specify):****       27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a) </td <td></td> <td></td> <td></td> <td></td> <td></td>					
12       Gift and Coffee Shop       11,179       12         13       Barber and Beauty Care       13         14       Non-Patient Meals       14         15       Telephone, Television and Radio       15         16       Rental of Facility Space       16         17       Sale of Drugs       17         18       Sale of Supplies to Non-Patients       18         19       Laboratory       19         20       Radiology and X-Ray       20         21       Other Medical Services       21         22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       24         24       Contributions       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25)       \$ 286,792       26         E. Other Revenue (specify):****       27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL					_
13       Barber and Beauty Care       13         14       Non-Patient Meals       14         15       Telephone, Television and Radio       15         16       Rental of Facility Space       16         17       Sale of Drugs       17         18       Sale of Supplies to Non-Patients       18         19       Laboratory       19         20       Radiology and X-Ray       20         21       Other Medical Services       21         22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 286,792       26         E. Other Revenue (specify):****       25         27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29					
14       Non-Patient Meals       14         15       Telephone, Television and Radio       15         16       Rental of Facility Space       16         17       Sale of Drugs       17         18       Sale of Supplies to Non-Patients       18         19       Laboratory       19         20       Radiology and X-Ray       20         21       Other Medical Services       21         22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       24         24       Contributions       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25)       \$ 286,792       26         E. Other Revenue (specify):****       27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29				11,179	12
15       Telephone, Television and Radio       15         16       Rental of Facility Space       16         17       Sale of Drugs       17         18       Sale of Supplies to Non-Patients       18         19       Laboratory       19         20       Radiology and X-Ray       20         21       Other Medical Services       21         22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       24         24       Contributions       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25)       \$ 286,792       26         E. Other Revenue (specify):****       27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29					13
16       Rental of Facility Space       16         17       Sale of Drugs       17         18       Sale of Supplies to Non-Patients       18         19       Laboratory       19         20       Radiology and X-Ray       20         21       Other Medical Services       21         22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 286,792       26         E. Other Revenue (specify):****       27         27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29	14				14
17       Sale of Drugs       17         18       Sale of Supplies to Non-Patients       18         19       Laboratory       19         20       Radiology and X-Ray       20         21       Other Medical Services       21         22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 286,792       26         E. Other Revenue (specify):****       27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29	15				15
18       Sale of Supplies to Non-Patients       18         19       Laboratory       19         20       Radiology and X-Ray       20         21       Other Medical Services       21         22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 286,792       26         E. Other Revenue (specify):****       27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29					16
19       Laboratory       19         20       Radiology and X-Ray       20         21       Other Medical Services       21         22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 286,792       26         E. Other Revenue (specify):****       27         27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29					
20       Radiology and X-Ray       20         21       Other Medical Services       21         22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 286,792       26         E. Other Revenue (specify):****       27         27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29		* *			
21       Other Medical Services       21         22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 286,792       26         E. Other Revenue (specify):****       27         27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29					
22       Laundry       22         23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       286,792       24         24       Contributions       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25)       \$ 286,792       26         E. Other Revenue (specify):****       27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29					20
23       SUBTOTAL Other Operating Revenue (lines 9 thru 22) \$ 70,772       23         D. Non-Operating Revenue       24         24       Contributions       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25) \$ 286,792       26         E. Other Revenue (specify):****       27         27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29		Other Medical Services			21
D. Non-Operating Revenue   24   Contributions   286,792   24   25   Interest and Other Investment Income***   25   26   SUBTOTAL Non-Operating Revenue (lines 24 and 25)   \$   286,792   26   E. Other Revenue (specify):****   27   Settlement Income (Insurance, Legal, Etc.)   10,813   27   28   management fees   17,437   28   28a   see worksheet 11   2,465   28a   29   SUBTOTAL Other Revenue (lines 27, 28 and 28a)   \$   30,715   29	22	Laundry			22
24       Contributions       286,792       24         25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25)       \$ 286,792       26         E. Other Revenue (specify):****       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29	23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$	70,772	23
25       Interest and Other Investment Income***       25         26       SUBTOTAL Non-Operating Revenue (lines 24 and 25)       \$ 286,792       26         E. Other Revenue (specify):****       10,813       27         28       management fees       17,437       28         28a       see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29					
26       SUBTOTAL Non-Operating Revenue (lines 24 and 25)       \$ 286,792       26         E. Other Revenue (specify):****       10,813       27         28       management fees       17,437       28         28a see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29				286,792	24
E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 management fees  29 SUBTOTAL Other Revenue (lines 27, 28 and 28a)  10,813  27  10,813  27  28  29  30,715  29	25	Interest and Other Investment Income***			25
E. Other Revenue (specify):****  27 Settlement Income (Insurance, Legal, Etc.)  28 management fees  29 SUBTOTAL Other Revenue (lines 27, 28 and 28a)  10,813  27  10,813  27  28  29  30,715  29	26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$	286,792	26
27       Settlement Income (Insurance, Legal, Etc.)       10,813       27         28       management fees       17,437       28         28a see worksheet 11       2,465       28a         29       SUBTOTAL Other Revenue (lines 27, 28 and 28a)       \$ 30,715       29		E. Other Revenue (specify):****			
28a see worksheet 11         2,465         28a           29 SUBTOTAL Other Revenue (lines 27, 28 and 28a)         \$ 30,715         29	27	Settlement Income (Insurance, Legal, Etc.)		10,813	27
28a see worksheet 11         2,465         28a           29 SUBTOTAL Other Revenue (lines 27, 28 and 28a)         \$ 30,715         29				17,437	28
	28a	see worksheet 11		2,465	28a
30 TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29) \$ 5,720,269 30	29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$	30,715	29
	30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$	5,720,269	30

	o agamer expense	2	
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	914,359	31
32	Health Care	2,716,696	32
33	General Administration	1,550,314	33
	B. Capital Expense		<u> </u>
34	Ownership	221,525	34
	C. Ancillary Expense		
35	Special Cost Centers	9,935	35
36	Provider Participation Fee	320,319	36
	D. Other Expenses (specify):		
37	• • • • • • • • • • • • • • • • • • • •		37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,733,148	40
41	Income before Income Taxes (line 30 minus line 40)**	(12,879)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (12,879)	43

This must agree with page 4, line 45, column 4.

Does this agree with taxable income (loss) per Federal Income Tax Return? If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

# 0022996

Page 20 **Report Period Beginning:** July 1, 2002 **Ending:** June 30, 2003

**Facility Name & ID Number Iona Glos SLC** 

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

	(This schedule must cover the	entire reporting	g period.) 2**	3	4	
	1	# of Hrs.	# of Hrs.	Reporting Period	Average	1
		Actually	Paid and	Total Salaries,	Hourly	
		Worked	Accrued	Wages	Wage	
1	Director of Nursing	476	436	\$ 12,577	\$ 28.85	1
2	Assistant Director of Nursing	170		12,077	ψ 20.00	2
3	Registered Nurses	1,627	1,714	47,822	27.90	3
4	Licensed Practical Nurses	13,636	13,893	296,594	21.35	4
5	Nurse Aides & Orderlies	,	,	,		5
6	Nurse Aide Trainees	1,900	1,900	18,558	9.77	6
7	Licensed Therapist	1,194	1,187	23,921	20.15	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	2,541	2,519	33,743	13.40	10
11	Social Service Workers	2,125	2,125	55,972	26.34	11
12	Dietician					12
13	Food Service Supervisor	2,064	2,092	36,705	17.55	13
	Head Cook					14
15	Cook Helpers/Assistants	10,149	10,150	110,883	10.92	15
16	Dishwashers					16
17	Maintenance Workers	2,639	2,704	43,675	16.15	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,080	2,150	67,183	31.25	20
21	Assistant Administrator	2,270	2,257	40,204	17.81	21
22	Other Administrative	12,226	12,498	176,026	14.08	22
23	Office Manager					23
24	Clerical	6,491	6,430	70,599	10.98	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director				1115	27
28	Qualified MR Prof. (QMRP)	15,201	15,398	225,560	14.65	28
29	Resident Services Coordinator	117.055	110.00	1.00.01.0	10.55	29
30	Habilitation Aides (DD Homes)	145,966	149,306	1,608,016	10.77	30
31	Medical Records	<b>5</b> 201	7.040	02 522	11.54	31
32	Other Health Cadrivers	7,381	7,242	83,730	11.56	32
33	Other(specify) see worksheet 2	19,404	19,276	388,608	20.16	33
34	TOTAL (lines 1 - 33)	249,370	253,277	\$ 3,340,376 *	<b>\$</b> 13.19	34

<sup>\*</sup> This total must agree with page 4, column 1, line 45.

## **B. CONSULTANT SERVICES**

		1	2	3	
		Number	<b>Total Consultant</b>	Schedule V	
		of Hrs.	Cost for	Line &	
		Paid &	Reporting	Column	
		Accrued	Period	Reference	
35	Dietary Consultant	363	\$ 13,610	1	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant		1,171	15	39
40	Physical Therapy Consultant	93	3,906	10a	40
41	Occupational Therapy Consultant	416	20,800	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	397	15,880	10a	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) Physician		18,000	15	46
47	Eye Exams	93	2,790	15	47
48	Psychuatrist & Psychologist	49	9,619	15	48
49	TOTAL (lines 35 - 48)	1,411	\$ 85,776		49

## C. CONTRACT NURSES

		1	2	3	
		Number		Schedule V	
		of Hrs.	Total	Line &	
		Paid &	Contract	Column	
		Accrued	Wages	Reference	
50	Registered Nurses	131	\$ 5,127	10	50
51	Licensed Practical Nurses	3,504	133,568	10	51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)	3,635	\$ 138,695		53

<sup>\*\*</sup> See instructions.

				STATE OF ILLINOIS			age 21
Facility Name & ID Number XIX. SUPPORT SCHEDULES	Iona Glos SLC			# 0022996	Report Period Be	ginning: July 1, 2002 Ending:	June 30, 2003
A. Administrative Salaries		Ownership		D. Employee Benefits and Payroll Taxes		F. Dues, Fees, Subscriptions and Promotion	16
Name	Function	%	Amount	Description	Amount	Description	Amount
	2 411001011	\$		Workers' Compensation Insurance	\$ 64,727	IDPH License Fee	\$
see worksheet 9			389,329	<b>Unemployment Compensation Insurance</b>	26,806	Advertising: Employee Recruitment	5,094
		<del></del>		FICA Taxes	244,892	Health Care Worker Background Check	600
				<b>Employee Health Insurance</b>	230,127	(Indicate # of checks performed )	
				Employee Meals		Recruitment	33
				Illinois Municipal Retirement Fund (IMRF)	*	Referral Bonus	99
				Pension Plan=58 employees(no owners/relate		Physicals	1,776
TOTAL (agree to Schedule V, li	ne 17, col. 1)			Tution Reimbursement	3,663	Publication	795
(List each licensed administrato		\$	389,329	<b>Employee Incentives</b>	781	Membership Dues	3,490
B. Administrative - Other	<u> </u>	•		Employee Assistance	2,752		
						Less: Public Relations Expense	(
Description			Amount			Non-allowable advertising	Ì
none		\$				Yellow page advertising	`
TOTAL (agree to Schedule V, li (Attach a copy of any manageme		<b>*</b>		TOTAL (agree to Schedule V, line 22, col.8)  E. Schedule of Non-Cash Compensation Paid to Owners or Employees	\$ <u>586,690</u>	TOTAL (agree to Sch. V, line 20, col. 8)  G. Schedule of Travel and Seminar**	\$ 11,887
C. Professional Services						Description	Amount
Vendor/Payee	Type		Amount	Description Line #	Amount		
		\$			<b>\$</b>	Out-of-State Travel	\$
worksheet 2			34,352	none	_	none	
						In-State Travel	
						Seminar Expense	
TOTAL (agree to Schedule V, li		~ )	24.252	TOTAL	\$	Entertainment Expense (agree to Sch. V, TOTAL line 24, col. 8)	(
(If total legal fees exceed \$2500 a	attach copy of invoice	s.) \$	34,352			101AL IIIe 24, coi. 6)	\$

<sup>\*</sup> Attach copy of IMRF notifications

<sup>\*\*</sup>See instructions.

Report Period Beginning: July 1, 2002 Ending: Page 22
June 30, 2003

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).

(See instructions.)

Facility Name & ID Number Iona Glos SLC

	1	2	3	4	5	6	7	8	9	10	11	12	13
		Month & Year						Amount of	Expense Amor	tized Per Year			
	<b>Improvement</b>	Improvement	Total Cost	Useful									
	Type	Was Made		Life	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	none		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

	y Name & ID Number Iona Glos SLC	#	0022996	<b>Report Period Beginning:</b>	July 1, 2002	Ending:	June 30, 200
	ENERAL INFORMATION:						
(1)	Are nursing employees (RN,LPN,NA) represented by a union?  no	(13)		supplies and services which are of the Public Aid, in addition to the daily			I
(2)	Are there any dues to nursing home associations included on the cost report?  If YES, give association name and amount.		•	ction of Schedule V? n/a			
(3)	Did the nursing home make political contributions or payments to a political action organization?  no  If YES, have these costs been properly adjusted out of the cost report?	(14)	the patient census l is a portion of the b	building used for any function other listed on page 2, Section B? no building used for rental, a pharmacy explains how all related costs were a	y, day care, etc.)	For exampl If YES, atta	le,
(4)	Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity?	(15)	Indicate the cost of on Schedule V. related costs?		assified to emplo y meal income be e the amount. \$		
(5)	Have you properly capitalized all major repairs and equipment purchases?  What was the average life used for new equipment added during this period?  yes  5 years	(16)	Travel and Transpo	ortation ncluded for out-of-state travel?	no		
(6)	Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 24,107 Line 10		If YES, attach a	complete explanation. eparate contract with the Departmen	nt to provide med	lical transpo	ortation for
(7)	Have all costs reported on this form been determined using accounting procedures consistent with prior reports?   yes If NO, attach a complete explanation.		program during to. What percent of	this reporting period. \$ all travel expense relates to transpo			
(8)	Are you presently operating under a sale and leaseback arrangement?  If YES, give effective date of lease.		e. Are all vehicles s times when not i	stored at the nursing home during the			
(9)	Are you presently operating under a sublease agreement? YES X NO		out of the cost re				no
(10)	Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over		Indicate the a	mount of income earned from during this reporting period.	providing such	 	_
		(17)		performed by an independent certifi			
(11)	Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 320,319  This amount is to be recorded on line 42 of Schedule V.		Firm Name: Mi cost report require been attached?	that a copy of this audit be included yes  If no, please explain.	d with the cost re	The instruc	tions for the
	This amount is to be recorded on fine 42 of benedule 4.	(18)	Have all costs which	ch do not relate to the provision of l	long term care be	en adjusted	out
(12)	Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.	(10)	out of Schedule V?		tong term cure be	an adjubiou	
		(19)	performed been atta	re in excess of \$2500, have legal in ached to this cost report?  d a summary of services for all arch			vices

Page 23

HV		RGA Admin	RGA P/R &	Sum RGA Mngmt a	SLC Ilocation (a)	CFR Direct Program	RGA Audit Figures			Adjustment Related Org		Adjust for	Other Non-Allow &	
	Line Item		Development		33%	Cost	SLC	Reclassed	Sum	decrease			Adjustment	Т
12 1121	Line nom	CCIVICCO	Development	u conciu	0070	0001	020	recolaboca	Ouiii	deoredee	indicado i c	and realoning	riajaounioni	
	SALARIES & FRINGE													
	SALARIES	990,571	189,187	1,179,758	388,608	2,951,767	3,340,375		3,340,375			(31,234)	0	3,309,
17	OTHER COMPENSATION	0	0	0	0	0	0		0			0	0	
22	FICA	71,242	14,432	85,674	28,220	219,055	247,275		247,275			(2,383)		244,
22	HEALTH & LIFE	64,821	7,250	72,071	23,744	207,580	231,324		231,324			(1,197)		230.
22	PENSION PLAN	6,795	1,423	8,217	2,709	10,468	13,177		13,177			(235)		12,
22	TUITION REIMBURSEMENT	11.153	0	11.153	3.663	0	3.663		3.663			(===)		3.
22	EMPLOYEE INCENTIVES	2,377	0	2,377	781	0	781		781			0		٥,
22	UNEMPLOYMENT COMP	81.287	0	81.287	26.806	0	26.806		26.806			0		26
22	WORKMAN'S COMP	13,049	3,107	16,156	5,322	59,918	65,240		65,240			(513)		64,
22	EMPLOYEE ASSIST	300	108	407	134	2,636	2,770		2,770			(18)		2
26	LIABILITY INS	2,092	298	2,390	787	7,373	8,160		8,160			(49)		8
	DIDEOT OF DIVIOS													
	DIRECT SERVICES CLINICAL CONSULTANTS	0	0	0	0	224,471	224.471		224,471			0		224
0 & 13	MEDICAL SUPPLIES	25	0	25	8	74.005	74.013		74.013			0		74
11	REHAB & ED MATERIALS	1,478	0	1,478	487	5,309	5,797		5,797			0		5
3	CONSUMABLE SUPPLY	5.206	361.678	366.884	121.141	65,988	187.128		187.128			(59.712)		127
3							. , .		. , .					127
	NON-CONSUMABLES	0	0	0	0	0	0		0			0		
11	RECREATION	0	0	0	0	10,057	10,057		10,057			0		10
	LICENSE/CERTIFICATIONS	29,361	0	29,361	9,682	1,238	10,921		10,921			0		10
6	EQUIPMENT	133	0	133	44	5,427	5,471		5,471			0		5
20	RECRUITMENT	23,148	0	23,148	7,602	0	7,602		7,602			0		7
35	EQUIPMENT RENTAL	23,146	4,831	27,976	9,217	20,204	29,421	690	30,111			(861)		29
6 & 21	EQUIP MAINT & REPAIR	6.273	1.289	7.562	2.491	7,573	10.064		10.064			(213)		
4 & 25	TRAVEL	3.761	1,016	4,777	1,574	5,277	6,851		6,851			(168)		e
	CONTRACT BUSING	3,701	0	4,777	1,574	0,277	0,001		0,001			(100)		,
	CLIENT BUS GAS	0	0	0	0	6.153	6.153		-			0		
				-	-				6,153					6
4 & 25	VEHICLE REPAIRS/MAINT	0	0	0	0	9,386	9,386	1,371	10,757			0		10
26	VEHICLE INSURANCE	0	0	0	0	7,862	7,862		7,862			0	0	7
35	LEASED VEHICLES	588	0	588	194	11,195	11,389	(1,371)	10,018	(5,684)		0	(194)	4
23	STAFF TRAINING	11,109	0	11,109	3,655	20	3,675		3,675			0		3
21	TELEPHONE	37,933	3,811	41,744	13,752	12,916	26,668		26,668			(629)		26
	PROGRAM SUPPORT													
		0	0	0	0	238,236	238,236		238,236			0		238
2	FOOD													
2		2 548		2 548	840				60 759			0		60
3 3 ORKSH	JANITORIAL MAINT JANITORIAL SUPPLY		0 62	2,548 718	840 237	59,918 17,721	60,759 17,958		60,759 17,958			0 (10)		60 17
3 3 ORKSH XY GRA	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS	2,548 657 RGA Admin	0 62	2,548	840 237 SLC	59,918	60,759			Adjustment Related Org		(10)	Other Non-Allow &	17
3 3 ORKSH XY GRA	JANITORIAL MAINT JANITORIAL SUPPLY EET 1	2,548 657	0 62	2,548 718 Sum RGA Mngmt a	840 237 SLC	59,918 17,721 CFR Direct	60,759 17,958 RGA Audit	Reclassed			. Cost	(10)		
3 3 ORKSH XY GRA	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item	2,548 657 RGA Admin	0 62 RGA P/R &	2,548 718 Sum RGA Mngmt a	SLC	59,918 17,721 CFR Direct Program	60,759 17,958 RGA Audit Figures	Reclassed	17,958	Related Org	. Cost	(10)	Non-Allow &	17
3 3 ORKSH VY GRA	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY	2,548 657 RGA Admin Services	0 62 RGA P/R & Development	2,548 718 Sum RGA Mngmt a & General	840 237 SLC Illocation (a) 33%	59,918 17,721 CFR Direct Program Cost	60,759 17,958 RGA Audit Figures SLC		17,958	Related Org	. Cost	(10)  Adjust for und Raising	Non-Allow &	17
3 3 DRKSH XY GRA CH V NE REF	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT	2,548 657 RGA Admin Services	0 62 RGA P/R &	2,548 718 Sum RGA Mngmt a & General	840 237 SLC Illocation (a) 33%	59,918 17,721 CFR Direct Program Cost	60,759 17,958 RGA Audit Figures SLC	Reclassed (690)	17,958 Sum	Related Org	. Cost	(10)	Non-Allow &	177
3 3 DRKSH XY GRA CH V NE REF	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX	2,548 657 RGA Admin Services 183,477 3,227	0 62 RGA P/R & Development	2,548 718 Sum RGA Mngmt a & General 219,431 3,227	840 237 SLC Illocation (a) 33% 72,296 1,064	59,918 17,721 CFR Direct Program Cost	60,759 17,958 RGA Audit Figures SLC 73,094 1,085		17,958 Sum  72,404 1,085	Related Org	. Cost	Adjust for und Raising (5,873)	Non-Allow &	666
3 3 ORKSH VY GRA CH V NE REF 34 33 26	JANITORIAL MAINT JANITORIAL SUPPLY EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE	2,548 657 RGA Admin Services 183,477 3,227 7,291	0 62 RGA P/R & Development 35,953 765	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056	840 237 SLC Ilocation (a) 33% 72,296 1,064 2,655	59,918 17,721 CFR Direct Program Cost 798 20 42,103	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758		72,404 1,085 44,758	Related Org	. Cost	Adjust for und Raising (5,873)	Non-Allow &	66 1
3 3 DRKSH XY GRA CH V NE REF	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX	2,548 657 RGA Admin Services 183,477 3,227	0 62 RGA P/R & Development	2,548 718 Sum RGA Mngmt a & General 219,431 3,227	840 237 SLC Illocation (a) 33% 72,296 1,064	59,918 17,721 CFR Direct Program Cost	60,759 17,958 RGA Audit Figures SLC 73,094 1,085		17,958 Sum  72,404 1,085	Related Org	. Cost	Adjust for und Raising (5,873)	Non-Allow &	666
3 3 DRKSH Y GRA SH V HE REF 34 33 26	JANITORIAL MAINT JANITORIAL SUPPLY EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE	2,548 657 RGA Admin Services 183,477 3,227 7,291	0 62 RGA P/R & Development 35,953 765	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056	840 237 SLC Ilocation (a) 33% 72,296 1,064 2,655	59,918 17,721 CFR Direct Program Cost 798 20 42,103	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758		72,404 1,085 44,758	Related Org	. Cost	Adjust for und Raising (5,873)	Non-Allow &	666 1 44 132
3 3 DRKSH Y GRA H V IE REF 34 33 26 5	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1  HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UNTILTIES	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228	0 62  RGA P/R &  Development  35,953  765 711	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939	SLC Illocation (a) 33% 72,296 1,064 2,655 3,276	59,918 17,721 CFR Direct Program Cost 798 20 42,103 129,481	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757		72,404 1,085 44,758 132,757	Related Org	. Cost	(10)  Adjust for und Raising  (5,873)  (126) (117)	Non-Allow &	66
3 3 DRKSH Y GRA SH V NE REF 34 33 26 5 7	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363	0 62  RGA P/R & Development  35,953  765 711 0	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449	59,918 17,721 CFR Direct Program Cost 798 20 42,103 129,481 21,729	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179		72,404 1,085 44,758 132,757 22,179	Related Org	. Cost	(10)  Adjust for und Raising  (5,873)  (126) (117) 0	Non-Allow &	66
3 3 DRKSH Y GRA H V IE REF 34 33 26 5 7	JANITORIAL MAINT JANITORIAL SUPPLY EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITES WASTE REMOVAL B & G SUPPLIES	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363	0 62  RGA P/R & Development  35,953  765 711 0	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449	59,918 17,721 CFR Direct Program Cost 798 20 42,103 129,481 21,729	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179		72,404 1,085 44,758 132,757 22,179	Related Org	. Cost	(10)  Adjust for und Raising  (5,873)  (126) (117) 0	Non-Allow &	66 44 133 22 33
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY EET 1 HAM ASSOCIATION COSTS  Line litem  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150	0 62  RGA P/R &  Development  35,953  765  711  0 212	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363 3,362	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108	59,918 17,721 CFR Direct Program Cost 798 20 42,103 129,481 21,729 36,317	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425		72,404 1,085 44,758 132,757 22,179 37,425	Related Org	. Cost	(10)  Adjust for und Raising  (5,873)  (126)  (117)  0  (35)	Non-Allow &	666 1 44 132 22 37
3 3 3 3 3 5 5 7 6 42 19	JANITORIAL MAINT JANITORIAL SUPPLY EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642	0 62  RGA P/R & Development  35,953  765  711  0 212	2,548 718 Sum RGA Mngmt a 8 General 219,431 3,227 8,056 9,939 1,363 3,362	SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108	59,918 17,721 CFR Direct Program Cost 798 20 42,103 129,481 21,729 36,317 320,319 0	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425		72,404 1,085 44,758 132,757 22,179 37,425	Related Org	. Cost	Adjust for und Raising (5,873) (126) (117) 0 (35)	Non-Allow & Adjustment	66 44 133 22 33 32 32 32 32 32 32 32 32 32 32 3
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1  HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642 2,323	0 62  RGA P/R & Development  35,953  765 711 0 212	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363 3,362 0 48,642 2,323	SLC SLC (Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108	59,918 17,721 CFR Direct Program Cost 798 20 42,103 129,481 21,481 21,493 36,317	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763	(690)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763	Related Org	. Cost	(10)  Adjust for und Raising (5,873) (126) (117) 0 (35)	Non-Allow & Adjustment	66 44 133 22 3
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UTILITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE	2,548 657 RGA Admin Services 183,477 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777	0 62  RGA P/R & Development  35,953  765 7711 0 212  0 0 0 1,145	2,548 718 Sum RGA Mngmt a 8 General 219,431 3,227 8,056 9,939 1,363 3,362 0 48,642 2,333 31,922	SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 4,108 0 16,013 763 10,517	59,918 17,721 CFR Direct Program Cost 798 20 42,103 129,481 21,729 36,317 320,319 0 0	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,517		72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,447	Related Org	. Cost	(10)  Adjust for and Raising  (5,873)  (126) (117) 0 (35)  0 0 (189)	Non-Allow & Adjustment	66 4.13.3.2.2.3.3.3.2.1.1.
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY EET 1 HAM ASSOCIATION COSTS  LINE Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440	0 62  RGA P/R & Development  35,953  765  711  0  0  1,145	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363 3,362 0 0 48,642 2,323 31,922 21,440	SLC Illocation (a) 33%  72,296 1,064 2,655 3,276 449 1,108  0 16,013 763 10,517 7,058	59,918 17,721 CFR Direct Program Cost 798 20 42,103 129,481 21,729 36,317 320,319 0 0	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,517 7,058	(690)	72,404 1,085 44,758 132,757 37,425 320,319 16,013 763 10,447 7,058	Related Org	. Cost	Adjust for und Raising (5,873) (126) (1177) 0 (35) 0 0 (189) 0	Non-Allow & Adjustment	66 4.4 133 2.2 3 3 321
3 3 3 3 3 3 3 3 3 3 3 4 4 3 3 3 2 6 5 7 6 4 2 1 9 1 9 1 9 1 9 2 1 2 1	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT OFFICE SUPPLIES	2,548 657 RGA Admin <u>Services</u> 183,477 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058	0 62  RGA P/R & Development  35,953  765 711 0 212 0 0 1,145 0 2,5892	2,548 718 Sum RGA Mngmt a & General 3,227 8,056 9,939 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750	SLC Illocation (a) 33%  72,296 1,064 2,655 3,276 4,49 1,108  0 16,013 763 10,517 7,058 9,799	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 0 0 5,225	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 310,517 7,058	(690)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,447 7,058	Related Org	. Cost	Adjust for und Raising (5,873) (126) (117) 0 (35) 0 0 (189) 0 4 (444)	Non-Allow & Adjustment	66 44 133 22 33 321 16
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT OFFICE SUPPLIES  OFFICE SUPPLIES OFFICE SUPPLIES	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058 684	0 62  RGA P/R & Development  35,953  765  711  0  212  0  0  1,145  1,445  2,692	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,066 9,939 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750 684	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225	59,918 17,721 CFR Direct Program Cost 798 20 42,103 129,481 21,481 21,293 36,317 0 0 0 0 5,225	80,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,517 7,058 15,024 225	(690)	72,404 1,085 44,788 132,757 22,179 37,425 320,319 16,013 763 10,447 7,058 15,024 225	Related Org	. Cost	Adjust for und Raising (5.873) (126) (117) 0 (35) 0 0 (189) 0 0 (444) 0 0	Non-Allow & Adjustment	60 44: 133: 22: 33: 32(1): 14:
3 3 3 3 3 3 3 3 3 3 3 4 4 3 3 3 2 6 5 7 6 4 2 1 9 1 9 1 9 1 9 2 1 2 1	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT OFFICE SUPPLIES	2,548 657 RGA Admin <u>Services</u> 183,477 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058	0 62  RGA P/R & Development  35,953  765 711 0 212 0 0 1,145 0 2,5892	2,548 718 Sum RGA Mngmt a & General 3,227 8,056 9,939 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750	SLC Illocation (a) 33%  72,296 1,064 2,655 3,276 4,49 1,108  0 16,013 763 10,517 7,058 9,799	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 0 0 5,225	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 310,517 7,058	(690)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,447 7,058	Related Org	. Cost	Adjust for und Raising (5,873) (126) (117) 0 (35) 0 0 (189) 0 4 (444)	Non-Allow & Adjustment	60 44: 133: 22: 33: 32(1): 14:
3 3 3 3 3 3 3 3 3 3 3 3 3 4 4 3 3 3 2 6 5 7 6 6 4 2 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1 9 1	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT OFFICE SUPPLIES  OFFICE SUPPLIES OFFICE SUPPLIES	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058 684	0 62  RGA P/R & Development  35,953  765  711  0  212  0  0  1,145  1,445  2,692	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,066 9,939 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750 684	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225	59,918 17,721 CFR Direct Program Cost 798 20 42,103 129,481 21,481 21,293 36,317 0 0 0 0 5,225	80,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,517 7,058 15,024 225	(690)	72,404 1,085 44,788 132,757 22,179 37,425 320,319 16,013 763 10,447 7,058 15,024 225	Related Org	. Cost	Adjust for und Raising (5.873) (126) (117) 0 (35) 0 0 (189) 0 0 (444) 0 0	Non-Allow & Adjustment	60 44: 133: 22: 33: 32(1): 14:
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  LINE INTERPRETATION COSTS  LINE INTERPRETATION COSTS  COCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B& G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE AUDIT OFFICE SUPPLIES  OFFICE SUPPLIES  OFFICE GUIPMENT PRINTING	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058 684 2,159	0 62  RGA P/R &  Development  35,953  765  711  0  0  0  1,145  0  2,692  0  14,243	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363 3,362 2,323 31,922 21,440 29,750 684 16,402	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225 5,414	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 0 5,225 0 28	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 30,319 16,013 763 10,517 7,058 15,024 225 5,443	(690)	72,404 1,085 44,757 22,179 37,425 320,319 16,013 763 10,447 7,058 15,024 225 5,443	Related Org	. Cost	Adjust for und Raising (5,873) (126) (1177) 0 (35) 0 0 (189) 0 (4444) 0 (2,351)	Non-Allow & Adjustment	666 144 1332 222 37 320 166
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UTILITIES WASTE REMOVAL B & G SUPPLIES OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT OFFICE SUPPLIES OFFICE EQUIPMENT PRINTING PUBLICATIONS	2,548 657 RGA Admin Services  183,477 7,291 9,228 1,363 3,150  0 48,642 2,323 30,777 21,440 27,058 684 4,2159 720 94,563	0 62  RGA P/R & Development  35,953  765 711 0 0 212 0 0 0 1,145 0 2,692 0 14,243 1,314	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363 3,362 2,323 31,922 21,440 29,750 684 16,402 2,034 94,563	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225 5,414 671 31,131	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 0 5,225 0 0 28 341 0	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,517 7,058 15,024 225 5,443 1,012	(690)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,447 7,058 15,024 225 5,443 1,012	Related Org	. Cost	Adjust for und Raising (5,873) (126) (1177) 0 (35) 0 (189) 0 (444) 0 (2,351) (217)	Non-Allow & Adjustment  (763) (800)	666 144 1332 222 37 320 166
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UTILITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT OFFICE SUPPLIES OFFICE EQUIPMENT PRINTING PUBLICATIONS INTEREST MISC	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058 684 2,159 720 94,563 (101)	0 62  RGA P/R & Development  35,953  765 7111 01 212  0 0 1,145 0 0 2,692 0 14,243 1,314 0 0 0 0	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750 684 16,402 2,034 94,563 (1011)	SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225 5,414 671 31,131 (33)	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 0 0 5,225 5,225 5,226 341 0 997	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,517 7,058 15,024 225 5,443 1,012 31,131 964	(690)	72,404 1,085 44,769 132,757 22,179 37,425 320,319 16,013 763 310,447 7,005 15,024 225 5,443 1,012 31,131 964	Related Org	. Cost	Adjust for und Raising (5,873) (126) (117) 0 (35) 0 0 (189) 0 (444) (2,351) (217) 0 0 0	Non-Allow & Adjustment  (763) (800)  (1,006) (379)	66
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  LINE IIEM  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT OFFICE GUIPPLIES OFFICE GUIPPLIES OFFICE GUIPPLIES OFFICE GUIPPLIES INTEREST MISC INTEREST MISC INTEREST MISC INTEREST MISC FINES, PENALTIES, LATE CH	2,548 657 RGA Admin Services  183,477 7,291 9,228 1,363 3,150  0 48,642 2,323 30,777 21,440 27,058 684 4,159 720 94,563 (101)	0 62  RGA P/R & Development  35,953  765 7711 00 01,145 00 14,243 1,3144 00 00	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750 684 16,402 2,750 684 16,402 2,034 494,563 (101) 784	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225 5,414 671 31,131 (33) 258	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 0 5,225 28 341 1 0 997 46	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,759 132,757 22,179 37,425 320,319 16,013 763 10,517 7,058 15,024 225 5,443 1,012 225 5,443 1,013 1,014 1,014 1,015 1,016 1	(690)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,447 7,058 15,024 225 5,443 1,012 31,131 964 304	Related Org	. Cost	Adjust for und Raising (5.873) (126) (117) 0 (35) 0 (444) (2.351) (217) 0 0 0 0 (2.351) (217) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Non-Allow & Adjustment  (763) (800)	66 - 44 - 133 - 223 - 316 - 14 - 15 - 14 - 15 - 15 - 15 - 15 - 15
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT PRINTING PUBLICATIONS INTEREST MISC FINES, PENALTIES, LATE CH POSTAGE	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 2,159 27,058 684 2,159 2	0 62  RGA P/R & Development  35,953  765 711  0 0 212  0 0,1,145 0 0,2,692 0 14,243 1,314 0 0,0,7,609	2,548 718 Sum RGA Mngmt a 8 General 219,431 3,227 8,056 9,939 1,363 3,362 0 48,642 2,323 2,323 2,319,22 21,440 29,750 684 16,402 2,034 94,563 (101) 784	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225 5,414 671 31,131 1,1	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 0 0 0 28 341 0 997 46 2,193	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 310,517 7,058 15,024 225 5,443 1,012 31,131 964 304 7,783	(690)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 310,447 7,054 225 5,443 1,012 31,131 964 304 7,783	Related Org	. Cost	(10)  Adjust for und Raising (5,873) (126) (1177) 0 (35) 0 (188) 0 (444) 0 (2,351) (217) 0 0 (1,256)	Non-Allow & Adjustment  (763) (800)  (1,006) (379)	66 4.4 133; 22; 33; 32(1); 14; 15; 14; 15; 14; 15; 14; 15; 16; 16; 16; 16; 16; 16; 16; 16; 16; 16
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1  HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT OFFICE SUPPLIES  OFFICE GUIPPMENT PRINTING PUBLICATIONS INTEREST MISC FINES, PENALTIES, LATE CH POSTAGE BANK CHARGES	2,548 657 RGA Admin Services 183,477 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058 684 2,159 720 94,563 (101) 11 784 9,346 9,346 9,346	0 62  RGA P/R & Development  35,953  765 7711 0 212  0 0 0 2,692 0 14,243 1,314 0 0 7,609	2,548 718 Sum RGA Mngmt a 8 General 219,431 3,227 8,056 9,99 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750 684 16,402 2,034 49,563 (101) 784 16,995 26,395 26,995	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225 5,414 671 31,131 (33) 258 5,590 8,689	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,293 36,317  320,319 0 0 0 5,225 28 341 0 997 46 2,193 1,555	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,517 7,058 15,024 225 5,443 1,012 31,131 964 304 7,783	(690)	72,404 1,085 44,758 132,757 22,179 320,319 16,013 763 10,447 7,058 15,024 25,5443 1,012 31,131 964 304 7,783	Related Org	. Cost	(10)  Adjust for und Raising (5.873) (126) (117) 0 (35) 0 0 (189) 0 (2,351) (217) 0 0 (1,256)	Non-Allow & Adjustment  (763) (800)  (1,006) (379) (304)	666 444 1332 22 31 320 16 5 14
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT FINTING PUBLICATIONS INTEREST MISC FINES, PENALTIES, LATE CH POSTAGE BANK CHARGES BANK CHARGES BANK CHARGES BANK CHARGES BANK CHARGES	2,548 657 RGA Admin Services 183,477 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058 684 2,159 720 94,563 (101) 1,784 9,346 26,395 (485)	0 62  RGA P/R & Development  35,953  765 711 10 0 0 1,145 0 0 2,692 0 14,243 1,314 0 0 7,609 0 0 0 7,609	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363 3,362 0 0 48,642 2,323 31,922 21,440 29,750 684 16,402 2,075 684 16,402 684 16,402 684 16,402 684 16,402 684 16,402 684 16,403 684 16,403 684 16,403 684 16,403 684 16,403 684 16,403 684 16,403 684 16,403 16,40	SLC Illocation (a) 33%  72,296 1,064 2,655 3,276 449 1,108  0 16,013 763 10,517 7,058 9,799 225 5,414 671 31,131 1,131 258 5,590 8,689 (160)	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 5,225 0 28 341 0,997 42,193 1,555	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,517 7,005 15,144 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131	(690) (71)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,447 7,048 15,024 225 5,443 1,012 31,131 964 304 7,783 10,245	Related Org	. Cost	(10)  Adjust for und Raising  (5.873)  (126) (1177) 0 (355)  0 0 (189) 0 (444) (2.351) (2177) 0 0 (1.256) 0 0	Non-Allow & Adjustment  (763) (800)  (1,006) (379)	666 1444 1322 2223 37 32(166 3 3 30 6 6
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  LINE Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UTILITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT OFFICE SUPPLIES OFFICE EQUIPMENT PRINTING PUBLICATIONS INTEREST MISC FINES, PENALTIES, LATE CH- POSTAGE BANK CHARGES IN & OUT	2,548 657 RGA Admin Services 183,477 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058 684 2,159 720 94,563 (101) 11 784 9,346 9,346 9,346	0 62  RGA P/R & Development  35,953  765 7711 0 212  0 0 0 2,692 0 14,243 1,314 0 0 7,609	2,548 718 Sum RGA Mngmt a 8 General 219,431 3,227 8,056 9,99 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750 684 16,402 2,034 49,563 (101) 784 16,995 26,395 26,995	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225 5,414 671 31,131 (33) 258 5,590 8,689	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,293 36,317  320,319 0 0 0 5,225 28 341 0 997 46 2,193 1,555	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,517 7,058 15,024 225 5,443 1,012 31,131 964 304 7,783	(690)	72,404 1,085 44,758 132,757 22,179 320,319 16,013 763 10,447 7,058 15,024 25,5443 1,012 31,131 964 304 7,783	Related Org	. Cost	(10)  Adjust for und Raising (5.873) (126) (117) 0 (35) 0 0 (189) 0 (2,351) (217) 0 0 (1,256)	Non-Allow & Adjustment  (763) (800)  (1,006) (379) (304)	66 1
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT FINTING PUBLICATIONS INTEREST MISC FINES, PENALTIES, LATE CH POSTAGE BANK CHARGES BANK CHARGES BANK CHARGES BANK CHARGES BANK CHARGES BANK CHARGES	2,548 657 RGA Admin Services 183,477 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058 684 2,159 720 94,563 (101) 1,784 9,346 26,395 (485)	0 62  RGA P/R & Development  35,953  765 711 10 0 0 1,145 0 0 2,692 0 14,243 1,314 0 0 7,609 0 0 0 7,609	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363 3,362 0 0 48,642 2,323 31,922 21,440 29,750 684 16,402 2,075 684 684 684 684 684 684 684 684 684 684	SLC Illocation (a) 33%  72,296 1,064 2,655 3,276 449 1,108  0 16,013 763 10,517 7,058 9,799 225 5,414 671 31,131 1,131 258 5,590 8,689 (160)	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 5,225 0 28 341 0,997 42,193 1,555	60,759 17,958 RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,517 7,005 15,144 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131 1,012 31,131	(690) (71)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,447 7,048 15,024 225 5,443 1,012 31,131 964 304 7,783 10,245	Related Org	. Cost	(10)  Adjust for und Raising  (5.873)  (126) (1177) 0 (355)  0 0 (189) 0 (444) (2.351) (2177) 0 0 (1.256) 0 0	Non-Allow & Adjustment  (763) (800)  (1,006) (379) (304)	666 1444 1322 2223 37 32(166 3 3 30 6 6
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  LINE Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE AUDIT OFFICE SUPPLIES  OFFICE EQUIPMENT PRINTING PUBLICATIONS INTEREST MISC MISC BANK CHARGES IN & OUT MEMBERSHIP DUES AGENCY FUNCTIONS	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058 684 2,159 720 94,563 (101) 17,764 18,934 19,934 19,934 10,934	0 62  RGA P/R & Development  35,953  765 711 0 212  0 0 1,145 0 2,692 0 14,243 1,314 0 0 0 7,609 0 0 2,8884	2,548 718 Sum RGA Mngmt a 8 General 219,431 3,227 8,056 9,999 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750 684 16,402 2,034 94,563 (1011) 784 16,955 (485) (485)	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225 5,414 671 31,131 (33) 258 5,590 8,689 (160) 3,776	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 0 5,225 28 3411 0 997 46 2,193 1,555 0 1114	60,759 17,958  RGA Audit Figures SLC 73,094 1,085 44,758 132,757 22,179 37,425  320,319 16,013 763 10,517 7,058 15,024 225 5,443 1,012 221 31,131 964 304 4,783 10,245 (160) 3,890 4,984	(690) (71)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 10,447 7,058 15,024 22,5 5,443 1,012 31,131 964 304 7,783 10,245 1,012 1,012 1,012 1,012 1,013	Related Org	. Cost	Adjust for und Raising (5.873) (126) (117) (0) (35) (189) (0) (1489) (0) (2,351) (217) (0) (0) (1,256) (0) (1,256) (0) (1,256) (0) (1,256) (0) (1,256) (0) (1,256) (0) (1,256) (0) (1,256) (0) (1,256) (1,256)	Non-Allow & Adjustment  (763) (800)  (1,006) (379) (304)	66 - 44 - 133 - 22 - 33 - 32 - 11 - 12 - 33 - 34 - 34 - 34 - 34 - 34 - 34 - 3
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  LINE Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UTILITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT OFFICE SUPPLIES OFFICE EQUIPMENT PRINTING PUBLICATIONS INTEREST MISC FINES, PENALTIES, LATE CH- POSTAGE BANK CHARGES IN & OUT	2,548 657 RGA Admin Services  183,477 7,291 9,228 1,363 3,150  0 48,642 2,323 30,777 21,440 27,058 684 4,159 720 94,563 (101) 784 9,346 26,395 (485) 8,595 7,964	0 62  RGA P/R & Development  35,953  765 7711 00 00 1,145 00 14,243 1,3144 00 7,609 00 0 2,854 7,1610	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363 3,362 0 48,642 2,323 31,922 29,750 684 416,402 2,034 494,563 (101) 784 416,955 26,395 (485) 11,449	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225 5,414 671 31,131 (33) 258 5,590 8,689 (160) 3,776 4,984	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 0 0 288 341 0 997 46 2,193 1,555 0 114	60,759 17,958  RGA Audit Figures SLC  73,094 1,085 44,758 132,757 22,179 37,425  320,319 16,013 763 10,517 7,058 15,024 1,012 31,131 964 304 7,783 10,245 (160) 3,890 3,890	(690) (71)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 310,447 7,005 15,024 225 5,443 1,012 31,131 964 304 7,783 10,245 (160) 3,961	Related Org	. Cost	Adjust for und Raising (5,873) (126) (117) 0 (35) 0 0 (189) 0 (444) (2,351) (217) 0 0 (1,256) 0 (471) (1,182)	Non-Allow & Adjustment  (763) (800)  (1,006) (379) (304)	66 - 44 - 133 - 22 - 33 - 32 - 11 - 12 - 33 - 34 - 34 - 34 - 34 - 34 - 34 - 3
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  Line Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT PRINTING PUBLICATIONS INTEREST MISC FINES, PENALTIES, LATE CH POSTAGE BANK CHARGES IN & OUT MEMBERSHIP DUES AGENCY FUNCTIONS INTEREST MISC GOST OF SALES-VEND BAD DEBTS	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 21,598 684 2,159 720 94,563 (101) 1 784 9,346 26,395 (485) 8,595 7,964	0 62  RGA P/R & Development  35,953  765 7111 0 0 0 1,145 0 0 0 1,145 0 0 0 1,145 0 0 0 7,609 0 0 0 2,854 7,160	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,939 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750 684 16,402 2,034 94,563 (1011) 784 16,955 26,395 (485) 11,449 15,124	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 7,058 9,799 225 5,414 671 31,131 (33) 258 5,590 8,689 (160) 3,776 4,984	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 0 0 0 5,225 5,225 5,225 5,228 341 0 0 997 46 2,193 1,555 0 114 0 0 9,935	60,759 17,958  RGA Audit Figures SLC  73,094 1,085 44,758 132,757 22,179 37,425  320,319 16,013 763 310,517 7,058 15,024 225 5,443 1,012 31,131 964 304 7,783 10,245 (160) 3,890 4,984 9,935	(690) (71)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 310,447 7,058 15,024 225 5,443 1,012 31,131 964 304 7,783 10,245 (160) 3,961 4,984 9,935	Related Org	. Cost	Adjust for und Raising (5,873) (126) (1177) 0 (35) 0 0 (188) 0 (444) 0 (2,351) (217) 0 0 (1,256) (1,256) (1,256) (1,258)	(763) (800) (1.006) (379) (304) 160 (3.802)	66 - 44 - 133 - 22 - 33 - 32 - 11 - 12 - 33 - 34 - 34 - 34 - 34 - 34 - 34 - 3
3 3 3 3 3 3 3 3 3 3 3 3 3 4 4 2 4 3 3 3 2 6 6 5 7 6 6 4 2 2 1 9 1 9 1 9 1 9 1 1 2 1 1 2 1 2 0 3 2 2 7 2 7 2 7 2 0 0 2 7 7 4 1 2 7	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  LINE ILLEN  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PROFESSIONAL SERVICE AUDIT OFFICE SUPPLIES OFFICE EQUIPMENT PRINTING PUBLICATIONS INTEREST MISC FINES, PENALTIES, LATE CH- POSTAGE BANK CHARGES IN & OUT MEMBERSHIP DUES AGENCY FUNCTIONS COST OF SALE-VEND BAD DEBTS  DEPRECIATION	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 27,058 684 2,159 720 94,563 (101) 11 17 18 19 19 19 19 19 19 19 19 19 19	0 62  RGA P/R & Development  35,953  765 711 0 0 212  0 0 0 14,145 0 0 2,6992 0 14,243 1,314 0 0 0 7,6099 0 0 2,854 7,160 0 0 0	2,548 718 Sum RGA Mngmt a & General 219,431 3,227 8,056 9,999 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750 684 16,402 2,034 416,402 2,034 416,402 2,034 416,402 1,036	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 225 5,414 671 31,131 (33) 258 5,590 (160) 3,776 4,984 4,984 4,984	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 0 5,225 341 0 997 46 2,193 1,555 0 114 0 9,935 0	60,759 17,958  RGA Audit Figures SLC  73,094 1,085 44,758 132,757 22,179 37,425  320,319 16,013 763 10,517 7,058 15,024 225 5,443 1,012 231,131 964 4 7,783 10,245 (160) 3,890 4,984 9,935 7,544	(690) (71)	72,404 1,085 44,785 44,785 132,757 22,179 37,425 320,319 16,013 763 10,447 7,058 15,024 225 5,443 1,012 31,131 964 47,783 10,245 (160) 3,961 4,984 9,935 7,544	Related Org	. Cost increase Ft	Adjust for und Raising (5.873) (126) (117) (126) (117) (127)	(763) (800) (1,006) (379) (304) 160 (3,802) (7,544)	66 44 133 22 23 31 4 4 4 36
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  LINE Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE AUDIT OFFICE SUPPLIES  OFFICE EQUIPMENT PRINTING PUBLICATIONS INTEREST MISC MISC MISC MISC MISC MISC MISC MISC	2,548 657 RGA Admin Services  183,477 7,291 9,228 1,363 3,150  0 48,642 2,323 30,777 21,440 27,058 684 2,159 720 (101) 784 9,346 26,395 (485) 8,595 7,964 0 0 22,915	0 62  RGA P/R & Development  35,953  765 711 10 0 0 1,145 0 0 212 0 14,243 1,314 0 0 7,609 0 0 2,884 7,160 0 0 5,238	2,548 718  Sum RGA Mngmt at 8 General  219,431 3,227 8,056 9,939 1,363 3,362  0 48,642 2,323 31,922 21,440 6,420 2,034 94,563 (101) 784 16,965 26,395 (488) 11,449 15,124 0 22,915	SLC Illocation (a) 33%  72,296 1,064 2,655 3,276 449 1,108  0 16,013 763 10,517 7,0058 9,799 225 5,414 671 31,131 (33) 258 5,590 8,689 (160) 3,776 4,984 0 7,544	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 5,225 0 28 341 2,193 1,555 0 211 46 2,193 1,555 0 114 9,935 0 112,084	60,759 17,958  RGA Audit Figures SLC  73,094 1,085 44,758 132,757 22,179 37,425  320,319 16,013 763 310,517 7,0058 15,024 225 5,443 1,012 31,131 964 304 7,783 10,245 (160) 3,890 4,9935 7,544	(690) (71)	72,404 1,085 44,759 132,757 22,179 37,425 320,319 16,013 763 10,447 7,088 15,024 225 5,443 1,012 31,131 10,12 31,131 (160) 3,961 4,984 9,935 7,544	Related Org	. Cost increase Ft	Adjust for und Raising  (5,873) (126) (117) 0 (35) 0 0 (188) 0 (444) (2,351) (217) 0 0 (1,256) 0 0 (471) (1,182) 0 0 (865)	(763) (800) (1.006) (379) (304) 160 (3.802)	966 1 1 4 4 4 1 3 3 2 2 2 3 3 3 2 2 2 1 6 6 6 6 1 1 4 4 1 4 1 4 1 4 1 4 1 4 1
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  LINE Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES  WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE LEGAL PAYROLL SERVICE AUDIT OFFICE SUPPLIES  OFFICE EQUIPMENT PRINTING PUBLICATIONS INTEREST MISC FINES, PENALTIES, LATE CH POSTAGE BANK CHARGES IN & OUT REMERENTE DUES AGENCY FUNCTIONS COST OF SALES-VEND BAD DEBTS  DEPRECIATION FF & E LEASEHOLD IMP & BUILD	2,548 657 RGA Admin Services 183,477 3,227 7,291 9,228 1,363 3,150 0 48,642 2,323 30,777 21,440 21,599 720 94,563 (101) 17,964 0 0 22,915 95,758 95,758 5,568	0 62  RGA P/R & Development  35,953  765 7111 0 212  0 0 1,145 0 0 2,2652 0 0 14,243 1,314 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2,548 718 Sum RGA Mngmt a 8 General 219,431 3,227 8,056 9,939 1,363 3,362 0 48,642 2,323 31,922 21,440 29,750 684 16,402 2,004 94,563 (1011) 784 16,955 26,395 (485) 11,449 15,124 0 22,915	840 237 SLC Illocation (a) 33% 72,296 1,064 2,655 3,276 449 1,108 0 16,013 763 10,517 7,058 9,799 9,799 225 5,414 671 31,131 (33) 258 5,590 8,689 (160) 3,776 4,984 0 7,544	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 22,1729 36,317  320,319 0 0 0 0 28 341 0 997 46 2,193 1,555 0 0 114 0 9,935 0 114 10 9,935 0	60,759 17,958  RGA Audit Figures SLC  73,094 1,085 44,758 132,757 22,179 37,425  320,319 16,013 763 31,0517 7,058 15,024 15,024 15,024 31,012 31,131 964 304 7,783 10,245 (160) 3,890 4,984 9,935 7,5444	(690) (71)	72,404 1,085 44,758 132,757 22,179 37,425 320,319 16,013 763 310,447 7,058 15,024 225 5,443 3,10,12 31,131 10,245 (160) 3,961 4,984 9,935 7,544	Related Org	. Cost increase Ft	Adjust for und Raising (5.873) (126) (1177) 0 (35) 0 (189) 0 (444) 0 (2,351) (217) 0 0 (1,256) 0 0 (471) (1,182) 0 (865) (1677)	(763) (800) (1,006) (379) (304) 160 (3,802) (7,544) (161)	60 44 133 223 33 34 11 12 36 41 14 41 44 14
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	JANITORIAL MAINT JANITORIAL SUPPLY  EET 1 HAM ASSOCIATION COSTS  LINE Item  OCCUPANCY RENT REAL ESTATE TAX INSURANCE UITLITIES WASTE REMOVAL B & G SUPPLIES  OTHER EXPENSE PARTICIPATION FEES-DPA PAYROLL SERVICE AUDIT OFFICE SUPPLIES  OFFICE EQUIPMENT PRINTING PUBLICATIONS INTEREST MISC MISC MISC MISC MISC MISC MISC MISC	2,548 657 RGA Admin Services  183,477 7,291 9,228 1,363 3,150  0 48,642 2,323 30,777 21,440 27,058 684 2,159 720 (101) 784 9,346 26,395 (485) 8,595 7,964 0 0 22,915	0 62  RGA P/R & Development  35,953  765 711 10 0 0 1,145 0 0 212 0 14,243 1,314 0 0 7,609 0 0 2,884 7,160 0 0 5,238	2,548 718  Sum RGA Mngmt at 8 General  219,431 3,227 8,056 9,939 1,363 3,362  0 48,642 2,323 31,922 21,440 6,420 2,034 94,563 (101) 784 16,965 26,395 (488) 11,449 15,124 0 22,915	SLC Illocation (a) 33%  72,296 1,064 2,655 3,276 449 1,108  0 16,013 763 10,517 7,0058 9,799 225 5,414 671 31,131 (33) 258 5,590 8,689 (160) 3,776 4,984 0 7,544	59,918 17,721  CFR Direct Program Cost  798 20 42,103 129,481 21,729 36,317  320,319 0 0 5,225 0 28 341 2,193 1,555 0 211 46 2,193 1,555 0 114 9,935 0 112,084	60,759 17,958  RGA Audit Figures SLC  73,094 1,085 44,758 132,757 22,179 37,425  320,319 16,013 763 310,517 7,0058 15,024 225 5,443 1,012 31,131 964 304 7,783 10,245 (160) 3,890 4,9935 7,544	(690) (71)	72,404 1,085 44,759 132,757 22,179 37,425 320,319 16,013 763 10,447 7,088 15,024 225 5,443 1,012 31,131 10,12 31,131 (160) 3,961 4,984 9,935 7,544	Related Org	. Cost increase Ft	Adjust for und Raising  (5,873) (126) (117) 0 (35) 0 0 (188) 0 (444) (2,351) (217) 0 0 (1,256) 0 0 (471) (1,182) 0 0 (865)	(763) (800) (1,006) (379) (304) 160 (3,802) (7,544)	1 1 6 6 4 4 1 3 3 3 3 2 2 3 3 2 1 1 1 1 1 1 1 1 1 1

Notes: (a) Allocation based on percentage of total direct expenses.

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Worksheet 2 - Page 2					
Allocated Professional Services - ROA Mana	gement and General				
				Sichedule V	
VendorPayee	Type	MyndkGes	Percent	SLC	Reference
Ceridian	payroli service	48,642	22%	16,013	19
Sayfarth, Shaw, Fairweather & Geraldson	legal	1,323	32%	434	19
Laner, Muchin, Donbrow, Becker	legal	1,000	32%	328	19
Miller Cooper & Co., LSS.	audit	21,663	32%	7,058	19
Software Inc.	development software suppo-	1,145	33%	278	19
Kironos	timeclock software support	2,770	32%	912	19
Ceridian	human resources software	1,126	32%	369	19
American Fundware	financial software support	6.898	22%	2.929	19
Don Moss & Associates	government newsletter	2,100	22%	693	19
Thomas M. Nolan & Associates	government relations	3,000	32%	989	19
William Murphy	administrative consultant	8.372	22%	2.792	19
The Institute on Public Policy	membership expenses.	214	22%	71	19
Dogs Shred Inc	on site document destruction	646	32%	213	19
Frantz Moncher/More City Computers	NT4 to windows 2000 upgrad	9 2,820	22%	929	19
Vertage	computer - incident support	89	22%	29	19
Crisis Prevention Institute	CPI recentification	225	22%	74	19
American Red Cross	autorized provider agreemen	200	22%	99	19
Roser Anderson	CEASTREET'S homes training	s 190	22%	53	19
Roche Diettians	class at Finley	60	22%	20	19
Total, per schedule V. Line 18, Column 3		104.329		26.352	
Redays: priso see worksheet St					
The Institute on Public Policy	membership expenses	(214)	19%	(71)	99
Total per schedule V. Line 18. Column 5		(214)		(71)	
Non-Moustins:					
Sayfarth, Shaw, Fainwarther & Geraldson	legal	(1.322)	19%	(636)	19
Laner Muchin Donbrow Becker	legal .	(1,000)	195	(328)	19
Thomas M. Notan & Associates	sovernment relations	(1,000)	22%	(999)	- 19
Total per schedule V. Line 18. Column 7		(6.322)		(1.792)	
		(4,844)		(1,184)	
Net per schedule V. line 19. Column 8		99.797		32,529	
				12,000	

Vendor	Description Topic	Amount Paid
Trainic Division Allocated		
AAMR	annual meeting	299
AAMR	12 staff to conference	3,396
AAMR ILLNOS CHAPTER	annual conference	265
AAMR ILLINOIS CHAPTER	leadership for sustaining change in the workplace	590
AD	autien disorders for 6 QMPP ceuts	95
AD	recognizing and supporting people with autism for 6 QMRP ceuts	285
AD	intra to behavior intervention for QMRP ceuts	100
AND/TER CENTER	aging with DO for 6 QMPP cauts	400
ARC of Illinois	leadership conference	200
ARC of Illinois	annual conference	545
American Fundware	general ledger and budget prep e-class	196
Virginia Commonwealth University	on line-computer training	35
Chicago Kert College of Law	annual conference on non for profit organizations.	199
COMMUNITY EDUCATION UIC/IDHD	secondary conditions experianced by adults with DD & dust dignosis each for 6 QMRF	250
COMMUNITY EDUCATION UICIDED	peer empowerment program	55
Council of Rehabiliation Aff	wage administration in a shebered setting	90
D.D.N.A. 2023	conference of the developmental disabilities nurses association for CSU	465
Danise Habus	sexual violence and persons with distribles	26
Delans Levis	sanitation recestification training	60
Donors Forum Of Chicago	stregic risk management	54
Erickson Institute	professional development in early intervention	240
FPA Cakbrook Council	estate planning with a charitable twist	99
WOP	olininal badiground check symposium	20
IHCA	review course for IL licensure examination for nursing homes	1,100
ELINOIS CPA FOUNDATION	2002 non profit conference	250
National Restaurant Associat	national restaurant association show for onu	29
Planeer Center of Mid-lenry Ce	elder care grop ceu's	46
Planeer Center of Mid-lenry Ce	mental health disorders & elder care grosp ceu's	240
Planeer Center of Mid-lenry Ce	psychosocial rehabilitation for 6 gmg cau's	80
Planeer Center of Mid-lenry Ce	mental health disorders grop ceu's	80
Planeer Center of Mid-lenry Co	psychosocial rehabilitation & mental health disorders. for grosp ceu's	120
SERVICE ENHANCEMENT ASSOCIAT	benefits 2003-medicaid, medicare, ss, and ssi	80
TASH	telescoference	55
THE ARC OF ELINOIS	ancor mini-conference for group ceu's	95
Worksheet 6		

Conception To State Service Control S

Conception To Foun Annual
Plant Support State Service S

Facility - Iona Glos SLC #0022996 Report Period: July 1, 2002 - June 30, 2003

# Worksheet 6

Detail for schedule IX, pa	art A - Interes	st Expense, V	Vorking Capit	al					
col 1 Name of Lender	col 2 Related ?	col 3 Purpose	col 4 Monthly Payment	col 5 Date of Note	col 6 Original Amount	col 7 Bal	col 8 Maturity Date	col 9 Rate (4 digits)	col 10 Int Exp
from admin - Short Term	/Working Ca	nital							
American Nat'l Bank	no	operating funds	n/a	6/30/2002 11/8/2002 6/27/2003	680,000 1,253,000 811,600	891,600	6/30/2002	0.0500 0.0450 0.0425	19,248 56,580 287
					2,744,600	891,600			76,115
Ray Graham Foundation	yes	operating funds	n/a	6/30/2002 12/12/001	285,000 260,000	150,000	demand demand	0.0500 0.0450	5,871 5,570
					545,000	150,000			11,440
Volunteer Aux Council	yes	operating funds	n/a	6/30/2002 1/31/2002	172,000 27,000	274,275	demand demand	0.0500 0.0450	754 2,536
					199,000	274,275			3,290
Total RGA Management	& General (A	Administration	۱)		3,488,600	1,315,875	-		90,845
SLC allocation =	0.33	3			1,148,476	433,197			29,907

#### Worksheet 7

Detail for Schedule XII. Rental Costs

Part A. Building and Fixed Equipment, No. 1 - 14

Line 3 Owner - Stojka Brothers Partnership Building - 442 West Fulerton, Elmhurst

Annual Amount per Rent Agreement

10/15/01-10/14/02

192,044 197,802 10/15/02-10/14/03

Line 4 New Owner - Midwest Surgical Building - 2801 Finley, Downers Grove - 1st Floor

20,679 Monthly Amount per Rent Agreement 03/01/03-02/28/04 03/01/04-02/28/05 21,680

lus, operati	ng expenses & common area light	r 03/01/05-02/28/06	22,330
narges =	20,265	03/01/06-02/28/07	23,000

	RGA			SLC			RGA			SLC			RGA			SLC	
FY03 Rent	t Division	Allocation	Amount	Allocation	Amount	FY03 Rent	Division	Allocation	Amount	Allocation	Amount	FY05 Rent	Division	Allocation	Amount	Allocation	Amount
196.363	3 Dev Train	1.70%	3,338			268.413	Administration	20.62%	55,356	32.98%	18,255	262.756	Administratio	20.62%	54,180	32.98%	17,867
,	Workshop	75.94%	149,118				Human Resources	11.99%	32,188	32.84%	10,571	,	Human Reso	11.99%	31,504	32.84%	10,347
	Supp Emp	2.66%	5,223				Pub Rel & Develop	13.25%	35,570	33.02%	11,745		Pub Rel & De	13.25%	34,815	33.02%	11,496
	Transp	0.65%	1,276	6.60%	84		less 50%		0		(5,873)		less 50%		0		(5,748)
	Intake	0.45%	884	6.00%	53		Finance	20.81%	55,866	32.92%	18,391		Finance	20.81%	54,679	32.92%	18,001
	Eval	4.44%	8,719				MIS	5.05%	13,557	32.94%	4,466		MIS	5.05%	13,269	32.94%	4,371
	Title 6c	0.37%	727				Central Intake	1.24%	3,328	6.00%	200		Central Intak	1.24%	3,258	6.00%	195
	Extended	0.89%	1,748				Clinical	3.99%	10,710	4.04%	433		Clinical	3.99%	10,484	4.04%	424
	Clinical	0.26%	511	4.04%	21		Consumer Advocacy	0.00%	0	32.94%	0		Consumer Ac	0.00%	0	32.94%	0
	Advocacy	0.00%	0	32.94%	0		Supported Living	3.10%	8,321				Supported Li	3.10%	8,145		
	Admin	12.64%	24,820	32.98%	8,186		Early Intervention	2.00%	5,368				Early Intervei	2.00%	5,255		
		100.00%	196,363		8,344		DHS Foster Care	8.25%	22,144				DHS Foster (	8.25%	21,677		
		<del></del>		=			Respite	8.97%	24,077				Respite	8.98%	23,595		
	RGA			SLC			Bednorz	0.18%	483				Bednorz	0.18%	473		
FY04 Rent	t Division	Allocation	Amount	Allocation	Amount		Bensenville	0.18%	483				Bensenville	0.18%	473		
							West Chicago	0.18%	483				West Chicag	0.18%	473		
49,451	1 Dev Train	1.70%	841				Woodridge	0.18%	483				Woodridge	0.18%	473		
	Workshop	75.94%	37,553				_	100.00%	268,417	_	58,188		_	100.00%	262,756	_	56,953
	Supp Emp	2.66%	1,315					=		<del>-</del>				<del>-</del>			
	Transp	0.65%	321	6.60%	21		RGA		5	SLC			RGA		5	SLC	
	Intake	0.45%	223	6.00%	13	FY04 Rent	Division	Allocation	Amount	Allocation	Amount	FY06 Rent	Division	Allocation	Amount	Allocation	Amount
	Eval	4.44%	2,196														
	Title 6c	0.37%	183			252,150	Administration	20.62%	51,993	32.98%	17,146	270,638	Administratio	20.62%	55,806	32.98%	18,403
	Extended	0.89%	440				Human Resources	11.99%	30,233	32.84%	9,929		Human Reso	11.99%	32,450	32.84%	10,657
	Clinical	0.26%	129	4.04%	5		Pub Rel & Develop	13.25%	33,410	33.02%	11,032		Pub Rel & D€	13.25%	35,860	33.02%	11,841
	Advocacy	0.00%	0	32.94%	0		less 50%		0		(5,516)		less 50%		0		(5,920)
	Admin	12.64%	6,251	32.98%	2,061		Finance	20.81%	52,472	32.92%	17,274		Finance	20.81%	56,320	32.92%	18,541
		100.00%	49,451	-	2,101		MIS	5.05%	12,734	32.94%	4,194		MIS	5.05%	13,667	32.94%	4,502
			49,451		_,		IVIIO	0.0070									201
			49,431	=	2,.0.		Central Intake	1.24%	3,127	6.00%	188		Central Intak	1.24%	3,356	6.00%	
			49,431	=					3,127 10,061	6.00% 4.04%	188 407		Central Intak Clinical	1.24% 3.99%	3,356 10,798	6.00% 4.04%	437
			49,431	: =	2,		Central Intake	1.24%									
			49,401		2,.0.		Central Intake Clinical	1.24% 3.99%	10,061	4.04%	407		Clinical	3.99%	10,798	4.04%	437
			49,401	. <u>-</u>	2,		Central Intake Clinical Consumer Advocacy	1.24% 3.99% 0.00%	10,061 0	4.04%	407		Clinical Consumer Ac	3.99% 0.00%	10,798 0	4.04%	437
			49,431	: <u>=</u>	2,		Central Intake Clinical Consumer Advocacy Supported Living	1.24% 3.99% 0.00% 3.10%	10,061 0 7,817	4.04%	407		Clinical Consumer Ac Supported Li <sup>1</sup>	3.99% 0.00% 3.10%	10,798 0 8,390	4.04%	437
			49,401	·	2,		Central Intake Clinical Consumer Advocacy Supported Living Early Intervention	1.24% 3.99% 0.00% 3.10% 2.00%	10,061 0 7,817 5,043	4.04%	407		Clinical Consumer Ac Supported Li <sup>1</sup> Early Intervei	3.99% 0.00% 3.10% 2.00%	10,798 0 8,390 5,413	4.04%	437
			49,401		2,101		Central Intake Clinical Consumer Advocacy Supported Living Early Intervention DHS Foster Care	1.24% 3.99% 0.00% 3.10% 2.00% 8.25%	10,061 0 7,817 5,043 20,802	4.04%	407		Clinical Consumer Ad Supported Lin Early Interver DHS Foster (	3.99% 0.00% 3.10% 2.00% 8.25%	10,798 0 8,390 5,413 22,328	4.04%	437
			49,401		2,101		Central Intake Clinical Consumer Advocacy Supported Living Early Intervention DHS Foster Care Respite	1.24% 3.99% 0.00% 3.10% 2.00% 8.25% 8.98%	10,061 0 7,817 5,043 20,802 22,643	4.04%	407		Clinical Consumer Ac Supported Li Early Intervel DHS Foster ( Respite	3.99% 0.00% 3.10% 2.00% 8.25% 8.98%	10,798 0 8,390 5,413 22,328 24,303	4.04%	437
			49,401	. <u>-</u>	2,181		Central Intake Clinical Consumer Advocacy Supported Living Early Intervention DHS Foster Care Respite Bednorz	1.24% 3.99% 0.00% 3.10% 2.00% 8.25% 8.98% 0.18%	10,061 0 7,817 5,043 20,802 22,643 454	4.04%	407		Clinical Consumer Ac Supported Li Early Intervei DHS Foster ( Respite Bednorz	3.99% 0.00% 3.10% 2.00% 8.25% 8.98% 0.18%	10,798 0 8,390 5,413 22,328 24,303 487	4.04%	437
			49,401	·	2,181		Central Intake Clinical Consumer Advocacy Supported Living Early Intervention DHS Foster Care Respite Bednorz Bensenville	1.24% 3.99% 0.00% 3.10% 2.00% 8.25% 8.98% 0.18% 0.18%	10,061 0 7,817 5,043 20,802 22,643 454 454	4.04%	407		Clinical Consumer Ac Supported Lir Early Interver DHS Foster ( Respite Bednorz Bensenville	3.99% 0.00% 3.10% 2.00% 8.25% 8.98% 0.18%	10,798 0 8,390 5,413 22,328 24,303 487 487	4.04%	437

Facility - Iona Glos SLC #0022996 Report Period: July 1, 2002 - June 30, 2003

			ent Rental - Exclu	Julia Hullap	ortation and	Fixed Equipn	ment
Movable Eq	quipment Desc	cription					SLC Cost
SLC							
postage sys	stem						2,646
copier		Total SLC				-	17,462 20,109
Adminisrtati	ion						
Dunn Rite to	ruck rental	345 345	_			32.98%	114
Fullerton Bu	uilding	340				32.50%	114
copier		9,363					
postage sys	stem	2,382	-				
			Transportation Intake	0.65%	76 53	6.60%	5
			Clinical Administration	0.26% 12.64%	31 1,485	4.04% 32.98%	1 490
Finley Build	ling						
copier		29,057					
public stora water coole	ge	29,057 2,892 384					
postage sys		7,010	_				
		39,343	Administration	20.62%	8,113	32.98%	2,676
			Human Resource Pub Rel & Devel	11.99% 13.25%	4,717 5,213	32.84% 33.02%	1,549 1,721
			less 50% Finance	20.81%	8,187	32.92%	(861) 2,695
			MIS Central Intake	5.05% 1.24%	1,987 488	32.94% 6.00%	654 29
			Clinical	3.99%	1,570	4.04%	63
						-	29,249
Worksheet I Detail for So		part A. Admin	istrative Salaries				
Name			Function	% Owners	hip	s	LC Amount
Direct Staff							
	Coutryer, Sh	naron	SLC Director				67,183
	King, John Sapho, Raci	hel	Coord-Program Home Manager	н			40,204 13,961
	Hicks, Marie Simmons, L	etta	Home Manager # Home Manager #	12			36,537 27,366
	Duran, Laur Wendrich, P	а	Home Manager #	4			30,600 33,339
	Carter, Lorra		Home Manager I				34,223
	total SLC					_	
							283,413
Manageme	nt and Genera	al Allocated					283,413
-	ors						283,413
-	ors Scanlon, Ro Terrill, Cathy	bert y Ficker	Chief Operating ( President nam Foundation	Officer		72,207 135,695 (45,747)	283,413
-	ors Scanlon, Ro Terrill, Cathy	bert y Ficker om Ray Grah		Officer 33%	-		283,413 53,474
Administrati	ors Scanlon, Ro Terrill, Cathy less funds fr	obert y Ficker om Ray Grah	President		_	135,695 (45,747)	
Administrati	ors Scanlon, Ro Terrill, Cathy less funds fr SLC allocati	obert y Ficker rom Ray Grah on	President	33% evelopment		135,695 (45,747)	
Administrati	ors Scanlon, Ro Terrill, Cathy less funds fr SLC allocati tions & Develo McLaughlin, Stein, Lee Jelinski, Ju	obert y Ficker om Ray Graf on opment Kathleen ennifer	President nam Foundation  Vice President D Dir Development Development Ad	33% evelopment Community ministrator (r	eplacemer	135,695 (45,747) 162,155 75,155 62,787 380	
Administrati	Scanion, Ro Terrill, Cathy less funds fr SLC allocati tions & Develo McLaughlin, Stein, Lea Jellinski, Ju Jackson, H Ambroz (Los	obert y Ficker rom Ray Grah on opment Kathleen ennifer Kathleen surdo), Miche	President nam Foundation  Vice President D Dir Development Development Ad Development Ad et Grants Administr	33% evelopment Community ministrator (r ministrator (r	eplacemer	135,695 (45,747) 162,155 75,155 62,787 360 22,901 39,166	
Administrati	ors Scanlon, Ro Terrill, Cathy less funds fr SLC allocati tions & Develo McLaughlin, Stein, Lee Jellinski, Ju Jackson, H Ambroz (Los Thomas, Ch Wilson, Mil	bert y Ficker om Ray Graf on oppment Kathleen ennifer Cathleen surdo), Miche ristopher ichelle	President nam Foundation  Vice President D Dir Development Development Ad Development Ad 18 Grants Administr P R Coordinator P R Coordinator	33% evelopment 'Community ministrator (r ministrator (r stor (resigned) (replacemen	eplacemer esigned)	135,695 (45,747) 162,155 75,155 62,787 360 22,901 39,166 6,229 5,662	
Administrati	ors Scanlon, Ro Terrill, Cathy less funds fr SLC allocati tions & Develo McLaughlin, Stein, Lee Jelinski, Ji Jackson, I Ambroz (Lo: Thomas, Ch Wilson, Mi Westberg, C	bert y Ficker om Ray Grah on opment Kathleen ennifer Kathleen surdo), Miche ristopher ichelle bheryl	President nam Foundation  Vice President D Dir Development Development Ad Development Ad I Grants Administr P R Coordinator	33% evelopment 'Community ministrator (r ministrator (r stor (resigned) (replacemen	eplacemer esigned)	135,695 (45,747) 162,155 75,155 62,787 360 22,901 39,166 6,229	
Administrati	ors Scanlon, Ro Terrill, Cathy less funds fr SLC allocati tions & Develo McLaughlin, Stein, Lee Jelinski, Ji Jackson, I Ambroz (Lo: Thomas, Ch Wilson, Mi Westberg, C	bert y Ficker om Ray Grah on opment Kathleen ennifer Kathleen surdo), Miche iristopher ichelle Cheryl om Ray Grah	President nam Foundation  Vice President D Dir Development Development Ad et Grants Administr P R Coordinator P R Coordinator Volunteer Coordi	33% evelopment 'Community ministrator (r ministrator (r stor (resigned) (replacemen	eplacemer esigned)	135,695 (45,747) 162,155 75,155 62,787 360 22,901 39,166 6,229 5,662 14,747	
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Administrate  Public Relat  Total Admin  Worksheet  Worksheet Direct  St.C.  gain on sales  stimedox sv.	ors Scanlon, Ro Scanlon, Ro Terrill, Cathy less funds fr SLC allocati tions & Develon McLaughlin, Stein, Lee Jellinski, J. Jackson, H. Ambroz (Lo: Thomas, Ch. Wilson, M. Westberg, C. less funds fr SLC allocati histrative Salar the Income or service of fixed asset for the service of fixed asset of fixed asset of fixed asset fixed asset of fixed asset fi	bert y Ficker om Ray Graf on opment Kathleen Kathleen Sundo), Miche ristophie chelle heryl om Ray Graf on rises reported	President John President Vice President Dir Development Development Development AD Development A	33% evelopment 'Community ministrator (r ministrator (r etator (resigned) (replacemen nator 33%	eplacemer esigned)  1)	135,695 (45,747) 162,155 75,155 62,787 360 22,901 39,166 6,229 5,662 14,747 (68,183)	53,474
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Administration  Total Administration  Total Administration  Total Administration  Worksheet  Detail of Oil  Direct  SIC  gain on sales  allocated fix  unrestricted  unres	ors  Scarnio, Ro Scarnio, Ro  S	beet Ficker Ficker om Ray Grah on oppment Kaltieen noppment Kaltieen noppment Kaltieen noppment Kaltieen noppment Kaltieen non oppment Kaltieen noppment Kaltieen noppment Kaltieen noppment Kaltieen Noppment Kaltieen Noppment Nop	President Amm Foundation  Vice President D ID Development D Development D Development A Development	33% evelopment in a community state of the co	eplacemer esigned)  1)	135,695 (45,747) 162,155 75,155 62,787 360 22,901 39,166 6,229 5,662 14,747 (68,183)	53,474 52,442

Worksheet 10
Detail for schedule IX, part B - Real Estate Tax Expense

Real Estate Tax for 442 W. Fullerton, Elmhurst Owner - Stojka Brothers Partnership building allocations based on square footage Ray Graham Association

NOTE: real estate tax expense is coded to Rent Expense

	building	FY03 accr	FY03 accr	total FY02				program
division	allocation	1/2 2002	1/2 2003	expense	2002 bill	2001 bill	1/2 2001 bill	number
Dev Train	1.70%	252	183	434	503	474	237	5-050
Workshop	75.95%	11,236	8,152	19,388	22,473	21,193	10,597	5-061
Supp Emp	2.66%	394	286	679	787	742	371	5-091
Transp	0.65%	96	70	166	192	181	91	2-510
Intake	0.45%	67	48	115	133	126	63	2-590
Eval	4.44%	657	477	1,134	1,314	1,239	620	5-062
Title 6c	0.37%	55	40	94	109	103	52	5-092
Extended	0.89%	132	96	227	263	248	124	5-093
Clinical	0.25%	37	27	64	74	70	35	2-700
Advocacy	0.00%	0	0	0	0	0	0	2-750
Admin	12.64%	1,870	1,357	3,227	3,740	3,527	1,764	1-500
	100.00%	14,795	10,734	25,529	29,590	27,905	13,952	_
check figure	s	14,795	10,733	25,528	29,590	27,905		=

SLC

	FY01	FY03 accr	FY03 accr	total FY02	0	0	0	program
division	allocation	1/2 2002	1/2 2003	expense	2002 bill	2001 bill	1/2 2001 bill	number
Dev Train		0	0	0	0	0	0	5-050
Workshop		0	0	0	0	0	0	5-061
Supp Emp		0	0	0	0	0	0	5-091
Transp	6.60%	6	5	11	13	12	6	2-510
Intake	6.00%	4	3	7	8	8	4	2-590
Eval		0	0	0	0	0	0	5-062
Title 6c		0	0	0	0	0	0	5-092
Extended		0	0	0	0	0	0	5-093
Clinical	4.04%	1	1	3	3	3	1	2-700
Advocacy	32.94%	0	0	0	0	0	0	2-750
Admin	32.98%	617	447	1,064	1,233	1,163	582	1-500
	_							
	_	629	456	1,085	1,257	1,185	593	